

PUBLIC HEALTH DEPT.

REPORTS COLLECTION COPY

HOLLAND COUNTY COUNCIL

Lincolnshire

---

---

# *Annual Report*

of the

*County Health Services*

---

---

PART 2

---

---

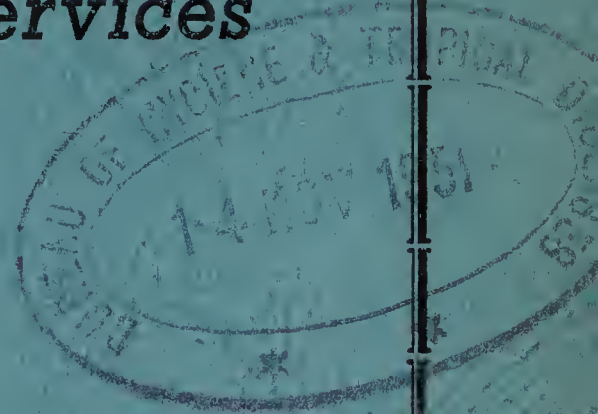
REPORT

of the

Medical Officer of Health

for the

Year 1950





HOLLAND COUNTY COUNCIL  
LINCOLNSHIRE

---

# Annual Report

OF THE

County Health Services

---

PART 2

---

## REPORT

OF THE

Medical Officer of Health

BY

J. Fielding, M.D., D.P.H.

---

1950



# CONTENTS

	Pages
Ambulance Service ... ..	43
Ante-natal and Post-natal services ... ..	28
Births and birth rates ... ..	18—19
Births and Infant Mortality ... ..	19
Births—Illegitimate ... ..	18, 31
Births—Premature ... ..	29
Care and After-Care ... ..	44—47
Care of Mothers and Young Children ... ..	26—32
Day Nurseries ... ..	30
Deaths and Death Rates ... ..	19—21
Dental Service ... ..	29
Diphtheria ... ..	40—42
Food and Drugs Act, 1938 ... ..	52—54
Food Poisoning ... ..	23
Health Centres ... ..	26
Health Visiting ... ..	38—39
Home Help Service ... ..	47—49
Home Nursing ... ..	35—36
Housing ... ..	55
Infant Welfare Centres ... ..	27
Infectious disease—Notification of ... ..	22—25
Mental Health Service ... ..	50—52
Midwifery and Maternity Services ... ..	32—37
Nurseries and Child Minders Regulation Act, 1948 ... ..	31
Nursing Homes ... ..	31
Ophthalmia Neonatorum ... ..	23
Publicity and Propaganda ... ..	63—65
Sanitary Circumstances ... ..	54
Sewerage ... ..	58
Staff ... ..	4—7
Statistics ... ..	18
Tuberculosis ... ..	59—61
Vaccination and Immunisation ... ..	39—40
Venereal Diseases ... ..	46
Vital Statistics ... ..	20
Water Supplies ... ..	56—58
Welfare Services ... ..	62

## HEALTH COMMITTEE

### Chairman :

Councillor F. O. N. Dracass.

### Ex-Officio Members :

Alderman Lt.-Col. O. B. Giles, D.L., Chairman of the County Council.

Alderman R. T. Proctor, M.B.E., Vice-Chairman of the County Council.

Alderman J. Hobster, Chairman of the Finance Committee.

### County Aldermen :

Chatterton, G. W.	Patchett, C. I.	Salter, R.
Dring, F.	Patchett, J. S.	Wain, S.
	Wrisdale, E.	

### County Councillors :

Arnold, E. A.	Harvey,	Munton, W. E.
Browne-Wilkinson,	Mrs. K. M. T.	Piggins, H.
Rev. C. V.	Jermey, E. C. G.	Rayner, Mrs. F.
Crockatt, Mrs. M. I.	Jones, H.	Roe, J. P.
Clark, Mrs. F.	Lenton, A. G.	Sampson, J. W.
Dryden, E. W.	Massey, L.	Winfield, E.
Grounds., Lt.-Col.,		
G. A.		1 Vacancy.

### Added Members :

Mrs. D. M. Myers		Mrs. G. Elsom
Dr. R. E. Crockatt	... ..	Appointed by Lincs. (Holland) Medical Panel Committee.
W. L. Alexander	... ..	Appointed by the Lincs. (Holland) Pharmaceutical Committee.
Dr. N. V. M. Dodds	...	{ Appointed by the Lincs. (Holland) Executive Council.
Dr. J. E. Darlow	...	
Mrs. S. A. Hastings	... ..	Appointed by the Hospital Management Committee (Boston Group).
Miss G. M. Bowler	... ..	Appointed by the Holland Branch of the Royal College of Midwives.

# STAFF OF HEALTH DEPARTMENT

as at 31.12.1950.

## County Medical Officer of Health :

Fielding, J. - M.D., D.P.H.

## Senior Assistant County Medical Officer :

White, B. M. - M.B., Ch.B., D.P.H.

## Assistant County Medical Officers :

Miller, R., M.B., B.Ch., D.P.H. (also district medical officer).

Smeaton, W. G., M.B., Ch.B., D.P.H. (also district medical officer).

## Other Medical Staff (Part-time):

Coffey, P. - M.D., D.P.H.

Stevens, B. C. - M.D., D.P.H.

Eckford, A. - M.D.

## Dental Officers (for County and School work) :

Three vacancies.

## County Nursing Superintendent and Supervisor of Midwives (non-medical):

Bally, Miss E. K. - S.R.N., S.C.M., M.T.D., H.V. Cert.  
(Examiner for Midwife Teachers' Diploma).

## Assistant County Nursing Superintendents :

Allinson, Miss M. F., S.R.N., S.C.M. (commenced 2/6/1950)

Guest, Miss D., S.R.N., S.C.M., H.V.Cert. (commenced 20/3/1951)

Le Manquais, Miss M. M. - S.R.N., S.C.M., M.T.D. (resigned 4/2/1951)

Pullen, Mrs. F. C. - S.R.N., S.C.M. (resigned 11/1/1950).

Stobbart, Miss A. - S.R.N., S.C.M., H.V. Cert.

**Health Visitors :**

Archer, Miss D. - S.R.N., S.C.M., H.V. Cert.

Birkin, Miss M. L. - S.R.N., S.C.M., H.V. Cert.

Black, Miss A. D. - S.R.N., S.C.M., H.V. Cert.

Farr, Miss L. M. - S.R.N., S.C.M., H.V. Cert.

Green, Miss V. F. - S.R.N., S.C.M., H.V. Cert. (resigned  
19/8/1950)

Guerra, Mrs. E. - S.R.N., S.C.M., H.V. Cert.

Guest, Miss D. - S.R.N., S.C.M., H.V. Cert. (resigned  
19/3/1951)

Kingston, Miss M. A. - S.R.N., H.V. Cert. (resigned  
26/12/1950)

Lewis, Miss H. M. - S.R.N., S.C.M. (resigned 25/10/1950)

Linnell, Miss A. Q. - S.R.N., S.C.M., H.V. Cert.

MacEachern, Miss J. - S.R.N., H.V. Cert.

Richardson, Miss M. - S.R.N., H.V. Cert.

Williams, Miss M. L. - S.R.N., S.C.M., H.V. Cert.  
(commenced 1/12/1950)

(There are 3 vacancies).

**Tuberculosis Health Visitor :**

Simpson, Miss M. - S.R.N.

**District Midwives :****District**

Davies, Miss M. - S.R.N.,  
S.C.M.

Boston, Wyberton and Fishtoft

Joslin, Miss I. - S.R.N.,  
S.C.M.

Boston, Wyberton and Fishtoft

Johnson, Miss P. R.  
S.C.M.

Boston, Wyberton and Fishtoft

Taylor, Mrs. M. K.,  
S.R.N., S.C.M.

Boston, Wyberton and Fishtoft

Lee, Miss E. M. - S.R.N.,  
S.C.M.

Lewis, Mrs. V. E. - S.R.N.,  
S.C.M.

} Spalding, Cowbit

**District Nurse/Midwives :**

Palmer, Miss R. M. - S.R.N., S.C.M.	Benington, Butterwick, Freiston and Leverton.
Turner, Mrs. L. - S.R.N., S.C.M.	Crowland.
Crossley, Mrs. A. - S.C.M.	Deeping St. Nicholas.
Sills, Mrs. M. A. - S.R.N., S.C.M.	Donington, Bicker and Quadring.
Proctor, Mrs. N. E. - S.C.M. (retired 5/10/1950)	Gedney, Fleet and Holbeach St. John's.
Sewell, Miss C. - S.R.N., S.C.M.	Gedney Dyke, Drove End, Dawsmere and Lutton.
Sidebottom, Miss D. - S.R.N., S.C.M.	Gosberton and Surfleet.
Doolan, Miss M. - S.R.N., S.C.M.	Holbeach.
Whitehurst, Mrs. E. M. - S.R.N., S.C.M.	Holbeach Bank and Saracen's Head.
White, Miss F. - S.C.M.	Kirton and Frampton.
Swift, Miss B. - S.R.N., S.C.M.	Leake and Wrangle.
Stewart, Mrs. I. - S.R.N., S.C.M. (retired 30/9/1950)	Moulton.
Burridge, Mrs. B. - S.C.M.	Long Sutton.
Taylor, Miss E. S. - S.R.N., S.C.M.	Pinchbeck.
Wilson, Miss M., - S.R.N., S.C.M. (commenced 15/10/1950)	Moulton
Anderson, Mrs. I. S.R.N., S.C.M.	Sutton Bridge.
Herring, Miss J. - S.R.N., S.C.M.	Swineshead, Amber Hill and Holland Fen.
Bowers, Mrs. F. M. - S.R.N., S.C.M.	Sutton St. James, Tydd, Gedney Hill, Whaplode Drove and Sutton St. Edmunds.
Eastgate, Miss M. M. - S.R.N., S.C.M.	Sutterton, Algarkirk and Fosdyke.



**District Nurses (Home Nursing)****District :**

Waite, Miss E. M. - S.R.N. (resigned 27/5/1950)	}	Boston, Fishtoft and Wyberton
Holland, Mrs. A. - S.R.N. (commenced 25/9/1950).		
Ellerby, Mrs. C. E. - S.R.N.		
Taylor, Miss B. A. - S.E.A.N.		
Fox, Miss V. - S.R.N.		Spalding.
Swallow, Miss C. M. - S.R.N., S.C.M.		Spalding.
Parker, Mrs. D. M. - S.R.N.		Moulton Chapel, Whaplode St. Catherine's, and Weston Hills.

**Matrons of Day Nurseries :**

Ellison, Miss M. - S.R.N. S.R.F.N.	Spalding Day Nursery.
Lawrence, Miss M. - S.R.N.	Boston Day Nursery. (Examiner for National Nursery Board Certificate).

**County Sanitary Officer and Food and Drugs Acts Inspector:**

Fidling, R. - Cert. R.S.I. and S. I. Joint Board (Part-time).

**Public Analyst :**

Muter, A. H. M. - F.R.I.C., F.C.S.

**Duly Authorised Officers (Lunacy and Mental Treatment):**

Bradley, A.; Ostler, J.; Piggins, S.; Townsend, H.

**County Ambulance Officer :**

Smith, C. E.

**Publicity Officer for Health Services :**

Whelbourn, H.

**Chief Clerk :**

Ingram, W.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my annual report on the Health Services of the Administrative County for the year 1950.

*Co-ordination.*

The Local Health Authority is responsible for the more personal type of service under the National Health Service Acts, and, broadly speaking, the coupling of that service with the more specific aims of preventive medicine generally constitutes that branch of medicine which is becoming known as Social Medicine.

In effect the term is an all-embracing one and within its ambit it has regard for people in their homes, their illness or well being, food and water supplies. In the fullness of time it may well include the problems of the worker in relation to his place of work, attendant anxieties and their repercussions on family life.

As is well known there are three distinct organisations, the County Health Committee, the Executive Council, and the Hospital Management Committee, each responsible for its own particular service, striving for the benefit of each individual in the community. The aim is to give the benefits of the Health Service to all; there is only one Health Service and clearly close integration is basically essential. The main linkage at the moment, apart from day to day officer contact, is accidental, members of one Committee often being members of another. It is anticipated that closer integration of the work in all its branches will become effective in the future. A co-ordinating Committee which will include representatives of the Regional Hospital Board is envisaged. These watertight compartments set up by legal machinery must be agitated to spill over freely, information flowing from one to another, pooling knowledge and making the best of available resources.

We live and work in an era of Committees, to which the complexities of Local Government, the development of the Health Service, the separation of curative medicine from preventive medicine, have all contributed. I find personal membership of certain Committees particularly useful in relation to the day to day work of the County Health Department. It is an additional practical way of keeping a check on the community pulse.

The Local Medical Committee, statutory and independent, designed for an exchange of opinion, mainly consists of general practitioners; the scope is unlimited, the field of work of the practitioner and County nursing staff being identical.

The Lincoln No. 3 Hospital Management Committee deals with the problems of mental deficiency and lunacy, covering Harmston Hall Colony, and the branches at Holbeach, Caistor and Bourne, and Rauceby Mental Hospital.

There is a general shortage of beds for mental defectives and if at some time in the future we can open an occupation centre, it would materially lessen the anxieties of parents. The County Council have agreed in principle to this suggestion, but the problem of finding suitable staff will be difficult.

The Executive Council deals with all the combined medical services, the treatment of patients in their homes and domiciliary midwifery. The Obstetric Committee being a part of the latter organisation is designed to investigate the qualifications and experience of medical practitioners who wish to become general practitioner obstetricians. The aim is to raise and maintain the standards of domiciliary midwifery. Arrangements in the County are working smoothly, each individual application is considered on its merits; the Committee have not laid down basic requirements of post-graduate study or experience. The Milk Committee of the Agricultural Executive is responsible generally for cleanliness in milk production, the raising of standards of premises and issuing of licences. The County Council remain responsible for the supervision of pasteurisation plants.

### *After-Care.*

In the more clinical fields the diagnosis and treatment of tuberculosis have long since been welded to after-care, the tuberculosis physician and tuberculosis health visitor attending all meetings of a very active voluntary Care Committee.

The Committee is developing a sound policy of encouraging contact children to go to a Convalescent Home at Hunstanton for a minimum stay of one month. Children, who live year in and year out in a spray of tuberculous sputum, clearly benefit by breaking the intimate contact. It may well be that these children look well, but some come from families where both parents have the disease or have succumbed. These are the greatest indications of all to help these children, the ultimate intention being the avoidance of tuberculous disease developing in adolescence. Their inborn familial resistance is negligible and while a month away is little enough, it is something concrete. The viciousness of the tubercle bacillus lying as it does dormant for years, re-asserting itself at the onset of manhood or womanhood, must never be forgotten.



The scheme for B.C.G. vaccination against tuberculosis was sponsored and put into effect in modest fashion. 12 contacts and 12 hospital nurses were vaccinated. Several visits were made to a maternity unit to vaccinate the new-born where there was a family history of disease.

The story of After-Care in this County in respect of tuberculosis is old, the extension of similar principles to diseases other than tuberculosis is new. Illness striking a household, particularly if the illness is chronic, can be expected to bring hardship. Trying illnesses in a young family, adversely affecting the mother, would call for investigation; it is a good maxim to survey the family as a whole. With the passing years we shall have much to learn, filling the gaps of the more national forms of help. A start has been made by sending a young widow and two small children, lately ill, to a recuperative mother and baby hostel. The mother will eventually find employment and the children will be given places in a Day Nursery. We are feeling our way slowly; the voluntary Holland Care Committee have generously consented to be responsible for this new work for the time being.

It is pleasing to know that the Boston and District Nursing Association has acquired a new name and new activities designed to help individuals or families on medical grounds for this particular type of After-Care. The cases are drawn from the Borough of Boston. By this means it was possible to help a mother, really ill with anxiety, in debt, perhaps not a very good manager, the husband away serving in the forces.

Practical assistance was given and continued as free milk and a place offered in the Day Nursery.

Overlap must be avoided between one voluntary organisation and another, it is a question of granting additional aids rather than basic requirements.

There are active Service organisations who wish to know of cases of hardship with a medical background; in the tuberculosis world generally close co-operation has existed for many years.

### *Home Helps.*

The preservation of family life is just as important and essential for aged couples as it is for a family with young children. Perhaps an aged partner is under medical care, the district nurse with her more recent colleague, the home help, working in harmony, help to avoid a tragic breaking of family life. These old couples, independent in outlook, may well require care and attention to maintain that type of dignity which only the old can assume. An



increasing number of domiciliary confinements are being attended to by midwives and home helps, colleagues one with another. It is not out of place to state that a home help is regarded as the manager of a household. The normal house duties fall to her to carry out, including shopping and budgeting. Her very presence eases anxieties in the household and she may well so order events that cases of chronic illness can be nursed at home.

Her work is domestic but she is not a domestic servant; she has a post of higher responsibility and is expected to take sole charge. The employment of home helps is not a statutory obligation, but it is necessary in these days of economic difficulties when relatives for reasons of growing families and of needful work find they cannot be responsible for the day to day management of the old or chronic sick.

The County Council is sympathetic and sympathy is part of a Christian outlook in life. A duty remains to see that that sympathy is not misplaced. Human nature, being very variable, it is not surprising that an occasional householder tries to take unfair advantage. Supervision in the households is carried out by assistant County Superintendent nurses who are usually possessed of midwifery and public health qualifications.

The hours of work required to maintain the home in orderly fashion are assessed before duty commences. Supervision is maintained as far as is practical and in one very particular respect is of much value. From time to time householders are unreasonable in their requests to the home help who can then turn to a visitor with authority to settle a difference of opinion. Terms and conditions of service have recently been reviewed by the County Council and contentment reigns.

To illustrate the vocational side of this work, not everybody would take on the care of an adult female idiot, confined to her bedroom for years, doubly incontinent and living alone with an aged mother who can only walk upstairs with increasing difficulty. The cottage is remote and remoteness is a problem peculiar to our community; ensuing difficulties arise when means of transport have to be found for the home help. Not everybody would agree to live in a tuberculosis household, the mother being bedridden, three young children to be looked after. Thanks to the home help the family remains intact.

At a recent meeting of the home helps, opportunity was taken to bring to their notice ethical rules of conduct which are recognised by the medical and nursing professions. The home helps are expected to follow the more simple rules of conduct in their daily rounds.

In the body of the report figures of recruitment and cases assisted are given.

### *Health Visitors.*

With increasing emphasis on family life the role of the health visitor is changing. We must not lose sight of the fact that her first interest must be for the care of babies and children under the age of 5 years. In addition there are the following duties:—

Advising a household over the difficult interim period when a patient is waiting for a hospital bed, and classifying the degree of urgency on social grounds.

Visiting expectant mothers, and summing up the desirability or not of home confinement.

Supervising mental defectives and the educationally sub-normal pupil who leaves school and who may need a word of advice.

School work and clinic work take much time and recruits to this type of work are insufficient to replace retirements.

The County Council offer scholarships to trained nurses with midwifery qualifications but candidates are difficult to find.

Education by way of individual talks to mothers and expectant mothers is preventive medicine at its best. Topics are legion — vaccination, immunisation, the use of vitamins, diets, etc.; the possibilities are endless. Much more could be done for the expectant mother in the quiet of her home away from the rush of busy clinics.

Do expectant mothers have questions? Do they have anxieties? They may well want to know about the Home Help service, details of maternity benefits, or the seeking of accommodation for the family in Children's Homes. A rural mother has difficulties in mind which may only come to the surface at the instance of patient prompting at the fireside. Time alone will show whether it is possible to link up hospital confinements with the home talks by the health visitor during the ante-natal period.

The progressive care of babies born in maternity units, especially those born prematurely, can only be achieved by the closest possible relationship between nurses working in the field and those working in the confines of hospital.

Time and care, medical and nursing skill lavished on the more difficult new-born might gain richer reward if the Health Visitor could be offered a common meeting place with hospital staff, and what better place than in the wards of neighbouring hospitals. To see, to learn and to follow-up her charges until school



leaving age is the ideal of the Health Visitor. The Holland and Boston branch of the Royal College of Midwives and the newly formed branch of the Royal College of Nursing, both alive to the need for post graduate education and instruction, are paving the way. There is emerging a mutual appreciation of the difficulties experienced by the worker in the field and in the hospital, overcoming in part the theoretical division of curative medicine from preventive medicine in the world of midwifery and paediatrics.

The ultimate question in matters of personal health and sickness must always be "will the patient benefit?"; when differences of opinion exists, exploring those differences will bring achievement. Partners responsible for the many-sided Health Service, for Local Government also, might with advantage keep the above phrase constantly in mind. Team work is essential, within the field and out of the field. Machinery is slowly coming into operation and only passing years will bring effective integration of all branches of medicine.

### *Problem Families.*

Problem families are not only topical but they are very real. A description of two recent cases would not be amiss. A father complains that the family are out of hand and that the eldest daughter refuses to work, there are five or six other children under school leaving age. On investigation the idle daughter is found to be a mental defective and in need of institutional care, the mother herself of unsound mind of long duration and not suspected. The children not house trained and for their care and well being the home life had to be broken down as part of the process of building up for the future. The toddler with rickets, the regular delivery of vitamins to the house by the health visitor, of no avail to the toddler who was denied them. Ten interested people working in closest accord, eventually solved the unusual and intricate social problem.

The other case relates to an unsatisfactory rural mother, known to be unstable and reacting unfavourably to recent illness in the family. Children missing school, father taking time off work to look after the house.

Two home helps over successive periods found the attitude of the mother and general uncleanliness more than they could bear. On closer investigation the mother was found to be of unsound mind and improved quickly with modern therapy in the mental hospital. On her return home, a son of school age, developed manifestation of true hysteria and was admitted to Bourne Hostel for maladjusted children.

I was particularly interested in a remark, made by a Justice of the Peace, to the effect that Magistrates are beginning to pay increasing attention to the family background in the work of the Juvenile Courts. This is the more modern approach to help the child in trouble with the Police. Lack of parental control, of love and understanding, the child acutely aware of being unwanted, bad example and careless approach to the duties of parenthood, all of these lead on to juvenile delinquency. Routine medical reports are submitted to the Courts in respect of school children, and if from a perusal of the Head Teacher's report, there is reason to believe that the child is backward or in need of medical care, special medical examinations are arranged.

### *Clean Food.*

The clean food campaign is making headway albeit slowly, but much more needs to be done by way of lectures and demonstrations to all engaged in the food industry.

Broadly speaking there appear to be two angles to this problem. Firstly, events taking place in the "back room." Food is prepared, processed, under varying conditions of hygiene, and it is here that the Sanitary Inspector can teach the pitfalls of communal cooking, the necessity for refrigeration, the reasons for cleanliness. As to why it is necessary for a sanitary inspector to teach "after using that, do this" is rather beyond me; we are a civilised race. Perhaps we had better revise home teaching. Social obligations neglected, the carrier of intestinal disease becomes a menace. The whole subject is relatively new and much has yet to be learned. Mice are bowel carriers of disease and being without obligations need to be exterminated. Efforts at reducing avoidable infection, apart from defects of personal hygiene and the communal weekly towel, may be enthusiastic and criticised, or minimal and again criticised. Efforts considered unreasonable to-day may be the custom of the future when public opinion insists on the highest standard of food preparation.

Sorting out intestinal carriers necessarily demands bacteriological examination of faeces; what would be the reaction of cooks and kitchen workers?

The widal blood reaction is useful, though limited in application; it is done on school canteen workers and, at the instigation of the laboratory in particular instances only, specimens of urine and faeces are submitted.

Can unsuspected cases of pulmonary tuberculosis infect foodstuffs? May they do harm in communal centres? Can we



ease our anxieties by asking for radiological examinations ? These investigations cost money; can we afford not to spend ?

The second angle is the " front room " where again broadly speaking it is the customer who has the role of inspector. The discerning customer will notice if food exposed for sale is covered or not and if there is too much handling. Window, counter, floor, coverings and crockery all fall within the customer's vision. It is appreciated that a trained person is aware of the track of food poisoning organisms from hand to towel to another pair of hands, from there to crockery and on to food. The difficulty is to demonstrate the presence and track of infection and cross infection to lay people.

A solution may well have been found by making use of modern photographic slides, specially prepared to teach the dangers inherent to communal cooking.

We have recently introduced the use of combined detergent and electrolytic chlorine into the routine kitchen work of the Day Nurseries. At the same time efforts are being made to undertake bacteriological control although the Public Health Laboratory is 35 miles away and the speed of transmitting specimens of much importance.

From food to flies; they are together and the relationship can be considered as a whole.

Are we so used to the fly on the table or in the shop window that the average person could not care less ?

It is an indifference clearly born of ignorance and, if this short survey of the loathesome habits and life history of the House Fly brings enlightenment, then I shall rest content. Awareness of detail is without value if simple practical measures are not subsequently undertaken. Each adult member of the community has a particular part to play in household or food establishment. It falls to the women folk to turn knowledge into action. Food attracts the fly in a most extraordinary fashion, like the magnet draws the bar of steel.

Let us consider the particular foodstuffs which have this unusual power. Milk and sugar, bread and jam, the very food which is offered to children.

The fly has a meal with an action of the bowel at the same time; it vomits as freely. Faeces and vomit are now present on milk and sugar, bread and jam. It is known by all that the fly also feeds on manure heaps and in the privy middens of human habitations. Faecal bacteria of disease make their way through

the bowel of the fly and contaminate milk and sugar, bread and jam. Typhoid fever may well be a disease of the past, but gastro-enteritis of children is still with us. The fly walking on faeces carries in mechanical fashion faeces into the household. The story is so old, the lesson never learned. Cover the milk, use pieces of muslin with heavy beads at the corners, get into the habit of doing that and extend the principle to the sugar basin and so on.

Teach the children from an early age. Home teaching is so vital. The children will grow up and instruct others in their turn. Crockery should be housed away when not required. Look after your dustbin, ram the lid home, keep the fly out. Wrap up food waste, layer it with cinders. As you swat the fly, say "no typhoid in my household, no gastro-enteritis for my children, no infantile paralysis." Does that last disease cause surprise? I say no more except to remark that the virus of infantile paralysis has been found in excreta from the fly. There is no direct evidence that this route of infection actually occurs, there is therefore no cause for anxiety. It is mentioned to further the cause of extermination.

To the guardians of the community, urban and rural, the life cycle of the fly points the way to administrative action. Interruption of the life cycle before the winged, mature form develops is the only possible way of contributing to the health of the community, and if the health of the community is reported "good," strive to make it better.

The female house-fly gathers many of her sisters together and in concerted action each deposits eggs. From twenty females we can expect some three thousand eggs and in their life time they would lay a total of fifteen thousand. In three weeks the daughter flies are laying their own eggs. The eggs hatch into maggots over twenty-four hours, in the Summer the stage of the mature maggot is reached very quickly. From maturity the maggot passes to the pupa or shell stage. The winged form then emerges. In the Summer the cycle has taken some eight days, perhaps nine days, in abnormal weather conditions the time may be reduced to three days. Cut the life cycle at the seventh day, a day not only convenient but, in average weather, while the shell stage still exists. In the four months June to September, the fly breeding season must be fought with vigour. During the heat of an abnormal Summer it would be advisable to cut the life cycle at the third day.

As people in this country order their lives on a basis of compromise, firm regard having to be paid to other considerations, denying food and breeding facilities on the seventh day will do much to benefit community health during the four months of warm weather.

It will always be a sound maxim to prevent extraneous matter from gaining access to solid and liquid intended for human consumption. Bacteriological examination of such matter may well reveal the presence of bowel organisms. There are people who honestly believe that it does not really matter. Their grounds are that the heating of milk will kill the organisms, the cooking of meat has the same effect, the chlorination of polluted water makes a water safe.

Every procedure that is practicable must be undertaken to eliminate contamination at the outset. That cardinal law must be accepted as the first line of defence in building up safe methods of control. Subsequent measures taken will be of greater value but we can never rely with safety on one single method of defence.

We would think it odd if a surgeon admitted that he kept his instruments in a tool shed instead of a dustproof cupboard. Those guardians of the health of the public would be a little anxious and would scarcely believe the surgeon who blandly remarks, "they are boiled before use."

### *Conclusion.*

The purpose of this introduction, rather longer than usual, is to draw attention to experience gained in the "new order." Emphasis is placed on the preservation of family life, the bedrock of any community.

In maintaining the health of the County my thanks are due to Dr. White, to Dr. Smeaton and Dr. Miller who are also district Medical Officers, and to their colleagues, the Sanitary Inspectors. I would congratulate Miss Bally, County Nursing Superintendent, on being appointed Examiner for the Midwives' Teaching Certificate and a member of the area Nurse Training Committee.

My thanks are happily recorded to all the staff of the Health Department who have given much detail to this report. To yourself, Mr. Chairman, and the members of the Health Committee, my sincere thanks for patience, humour and ready willingness to listen.

I am,

Your obedient servant,

J. FIELDING,  
County Medical Officer,

September, 1951.



## STATISTICS AND SOCIAL CONDITIONS OF AREA.

### (a) GENERAL STATISTICS,

Area (acres) ... ..	267,854
Population (Provisional Census figures, 1951) ... ..	101,545
Population (Estimated mid-1949) ... ..	101,730
Rateable Value for the whole County (1st April, 1950) ... ..	368,300
Actual product of penny rate for whole County (1949-50) ... ..	£1,421

The County is mainly agricultural, the greater portion of the population being distributed over a wide area. Fruit and vegetable canning is established both in Boston and Spalding. Seasonal employment is given to a large number of persons at the Beet Sugar Factory at Spalding. At the Port of Boston the most important imports are timber and fruit.

### (b) EXTRACTS FROM VITAL STATISTICS FOR THE YEAR. Live Births.

	Males.	Females.	Total.
Legitimate ... ..	831	763	1,594
Illegitimate ... ..	52	59	111
Total Births ... ..	883	822	1,705

Live Birth-rate per 1,000 population:—16.8.

Stillbirths:—Males 18; Females 22; Total 40.

Deaths from all causes:—1,201.

	Net Death Rate.
Urban Districts ... ..	13.5
Rural Districts ... ..	10.7
Administrative County ... ..	11.8
England and Wales ... ..	11.6

Number of women dying in or in consequence of childbirth	1
Maternal mortality rate per 1,000, total live and still births	0.57
Death-rate of infants under 1 year of age per 1,000 births	35.8
Deaths from measles (all ages) ... ..	1
Deaths from whooping cough ... ..	Nil
Deaths from diarrhoea (under 1 year of age) ... ..	4
Neo-natal death-rate (under 4 weeks) per 1,000 births ...	24



**BIRTH-RATE**—The birth-rate for 1950 was 16.8 compared with 18.4 for 1949. The highest rate was in the Boston Rural District, namely 17.9. The lowest rate of 15.1 was that of the Spalding Urban District.

Illegitimate live births for the year numbered 111, equivalent to 6.5 per cent. of the total live births.

**DEATH-RATE**—The net death-rate for 1950 was 11.8 compared with 11.3 for the previous year. The highest rate was in Spalding Urban District, 13.7, whilst the East Elloe Rural District had the lowest rate (9.5).

The death-rate for England and Wales was 11.6.

**INFANT MORTALITY RATE**—The infant mortality rate for 1950 was 35.8 as compared with 32.9 for the previous year. The rate for England and Wales for the year 1950 was 29.8.

**MATERNAL MORTALITY**—There was 1 death of a patient from conditions directly associated with child-birth.

**MAIN CAUSES OF DEATH**—The following table shows the chief killing diseases in the County of Holland during 1950.

Disease.	Total number of deaths.
Heart Disease .....	292
Cancer .....	174
Cerebral Hæmorrhage .....	149
Bronchitis .....	49
Pneumonia .....	40
Tuberculosis (all forms) .....	28
Congenital malformation, birth injury etc. ....	14

**CANCER**—The number of deaths from cancer during 1950 was 174 compared with 157 in 1949. This figure represents 14.5 per cent. of the total deaths from all causes. The mortality rate per 1,000 of the population was 1.72.

The service for the diagnosis and treatment of cancer is administered by the Regional Hospital Board through the Hospital Management Committee.

The Council's ambulances and cars have been available when required to enable patients to attend the Radiotherapy Centre at Scunthorpe or the Clinic at Boston General Hospital.

# VITAL STATISTICS FOR THE YEAR 1950.

## Urban and Rural Districts.

District.	Area in acres	Persons per acre	Population (mid-year)	Live Births.				Deaths.				Deaths under 1 year of age.		Death-rate from Pulmonary Tuberculosis per 1,000 population	Death-rate from all tubercular diseases per 1,000 population	
				No.	Net Rate	Standardising Factor	Standardised Birth Rate	No.	Net Rate	Standardising Factor	Standardised Death Rate.	No	Rate per 1,000 reg'd births			
URBAN.																
Boston Borough	3257	7.7	25020	424	16.9	0.99	16.7	334	13.3	0.93	12.4	13	30.7	0.24	0.36	
Spalding Urban	7825	1.9	14760	223	15.1	1.03	15.6	203	13.7	0.90	12.3	8	35.9	0.34	0.41	
Totals for Urban Districts	11082		39780	647	16.3	1.00	16.3	537	13.5	0.92	12.4	21	32.5	0.28	0.38	
RURAL.																
Boston	84408	0.2	20180	363	17.9	1.03	18.4	229	11.3	1.08	12.2	10	27.5	0.15	0.25	
Spalding	87770	0.2	18590	297	16.0	1.04	16.6	215	11.5	0.99	11.4	16	57.3	0.21	0.27	
East Elloe	84594	0.3	23180	398	17.2	1.08	18.6	220	9.5	0.95	9.0	14	35.2	0.09	0.13	
Totals for Rural Districts	256772		61950	1058	17.1	1.05	18.0	664	10.7	1.00	10.8	40	37.8	0.14	0.21	
Administrative County	267854		101730	1705	16.8		16.8	1201	11.8		11.8	61	35.3	0.20	0.27	
England and Wales					15.8		15.8		11.6		11.6		29.8		0.36	

Causes of Death at each age-period, 1950.

CAUSES OF DEATH									
Under 1 year	1 & under 5	5 & under 15	15 & under 25	25 & under 45	45 & under 65	65 & under 75	Over 75	All Ages	
Tuberculosis, respiratory .. .. .	1	2	—	9	8	1	—	20	..
Tuberculosis, other .. .. .	—	—	—	2	1	1	—	8	..
Syphilitic disease .. .. .	—	—	—	1	—	3	—	4	..
Diphtheria .. .. .	—	—	—	—	—	—	—	—	..
Whooping Cough .. .. .	—	—	—	—	—	—	—	—	..
Meningo-Coccal infections .. .. .	—	—	—	—	—	—	—	—	..
Acute poliomyelitis .. .. .	—	2	3	1	—	—	—	—	..
Measles .. .. .	—	1	—	—	—	—	—	—	..
Other infective and parasitic diseases .. .. .	1	—	—	—	—	—	—	—	..
Malignant neoplasm, stomach .. .. .	—	—	—	—	11	15	18	44	..
Malignant neoplasm, lung bronchus .. .. .	—	—	—	2	10	7	2	19	..
Malignant neoplasm, breast .. .. .	—	—	—	1	8	5	1	16	..
Malignant neoplasm, uterus .. .. .	—	—	—	—	2	5	28	87	..
Other malignant and lymphatic neoplasms .. .. .	—	—	—	5	28	26	1	2	..
Leukaemia, aleukaemia .. .. .	—	—	—	2	1	—	3	11	..
Diabetes .. .. .	—	—	—	2	2	4	71	149	..
Vascular lesions of nervous system .. .. .	—	—	—	2	23	53	35	104	..
Coronary disease, angina .. .. .	—	—	—	2	31	36	8	14	..
Hypertension with heart disease .. .. .	—	—	—	—	2	4	47	174	..
Other heart diseases .. .. .	1	—	3	2	34	47	87	67	..
Other circulatory disease .. .. .	—	—	—	1	6	17	43	7	..
Influenza .. .. .	—	—	—	1	2	2	2	40	..
Pneumonia .. .. .	5	2	1	3	9	4	16	49	..
Bronchitis .. .. .	1	3	1	1	5	16	25	8	..
Other diseases of respiratory system .. .. .	—	—	—	1	—	1	3	7	..
Ulcer of stomach and duodenum .. .. .	—	—	—	1	5	1	—	11	..
Gastritis, enteritis and diarrhoea .. .. .	—	—	—	2	1	2	1	13	..
Nephritis and nephrosis .. .. .	—	1	—	2	2	1	6	15	..
Hyperplasia of prostate .. .. .	—	—	—	—	—	9	—	1	..
Pregnancy, childbirth, abortion .. .. .	—	—	—	1	—	—	—	14	..
Congenital malformations .. .. .	12	1	1	—	—	—	—	248	..
Other defined and ill-defined diseases .. .. .	35	2	1	10	27	36	135	18	..
Motor vehicle accidents .. .. .	—	2	3	3	8	1	1	19	..
All other accidents .. .. .	1	—	1	4	5	5	2	16	..
Suicide .. .. .	—	—	—	8	3	2	—	—	..
Homicide and operations of war .. .. .	—	—	—	—	—	—	—	—	..
ALL CAUSES .. .. .	61	15	6	16	67	234	304	498	1201



## INFECTIOUS DISEASES.

*Diphtheria*—It is again most gratifying to report that not a single case of diphtheria occurred during the year.

*Measles*—This disease was widespread, the number of notifications being 2,295. All districts were affected but the largest number of cases (824) occurred in the Borough of Boston. The illness was fortunately of a mild type. There was 1 death of a child under five years of age.

An accompanying chart, facing this page, denotes the usual incidence of measles in alternate years from 1940 to 1950 has an unexpected feature.

The expected rise of notifications began in one County District only in the Autumn of 1949, the first cases occurring at Sutton Bridge in the area of East Elloe Rural District Council. In October and November 250 cases were notified, the incidence of measles in the remaining Country Districts being negligible. A secondary rise of cases was noted in East Elloe in January to March, 1950, the outbreak still being confined. It was not until May to June, 1950, that sharp rises of cases occurred simultaneously in Spalding Urban District and Spalding Rural District, a seven to eight months lag. By August the peak of the epidemic had taken place in Boston Borough and Boston Rural District, a secondary rise of incidence occurring in Spalding Urban District at the same time.

Measles smouldered on for twelve months in East Elloe Rural District, settling in September, 1950.

In the two years there were 2,696 notifications and 1 death, a very remarkable feature. Perhaps a reward for unceasing attention over many years to child health. Applying the case mortality of 1940 we would have experienced 18 deaths.

*Whooping Cough*—There was a decline in the number of notified cases, namely, 165 compared with 275 in 1949.—No deaths occurred.

The second diagram, facing page 23, illustrates in simple fashion the gross notifications of measles and whooping cough in each of the County Districts during 1949 and 1950.

The whooping cough bacillus has been the cause of much recent research in the vaccine laboratories in England and America. It would appear that difficulties are slowly being overcome in the





900

800

700

600

500

400

300

200

100

NOTIFICATIONS OF MEASLES AND  
WHOOPING COUGH - 1949 & 1950

MEASLES WHOLE COUNTY 1949 - 401  
1950 - 2295

WHOOPING COUGH " 1949 275  
1950 165

MEASLES  
WHOOPING COUGH

1949 1950  
BOSTON BOROUGH  
1949 1950  
SPALDING URBAN  
1949 1950  
BOSTON RURAL  
1949 1950  
SPALDING RURAL  
1949 1950  
EAST ELLOE RURAL

preparation of a reasonably reliable whooping cough vaccine. Controlled field trials are being undertaken in specified areas of the Country with this vaccine. The Health Committee, in framing policy, will pay particular attention to these trials when the question of introducing whooping cough vaccine generally in the County is mooted.

*Erysipelas*—27 cases were notified, an increase of 12 in the previous year. 13 of these cases occurred in the East Elloe Rural District.

*Typhoid and Paratyphoid Fever*—One case of paratyphoid in the East Elloe Rural District was notified.

*Pneumonia*—55 cases of pneumonia were notified and there were 50 deaths. It is clear that many cases were not notified.

*Puerperal Pyrexia*—6 cases were notified; 2 of these occurred in hospital. 5 patients received institutional treatment.

*Ophthalmia Neonatorum*—Only 2 cases were notified. Both made satisfactory recoveries.

*Scarlet Fever*—114 cases were notified, 53 being in the Borough of Boston. No deaths were reported.

*Chicken Pox*—230 notified cases, 167 being in the Borough of Boston, and 63 in the Boston Rural District.

*Scabies*—There was a further decrease in the number of notifications. Only 9 cases were notified during the year. Treatment was provided at the Boston Cleansing Station for 7 cases; no calls were made for the use of the Short Street Cleansing Station at Spalding.

*Food Poisoning*.—Only sporadic cases occurred. The number of cases notified during the year was 7.

*Acute Poliomyelitis*—The number of cases of poliomyelitis (including polio-encephalitis) rose to 21 confirmed cases, 16 being classified as paralytic and 5 non-paralytic. There were 6 deaths.

It is interesting to note that, until 1947, only isolated cases were reported. In 1947, the number of cases was 50, in 1948 the figure was 9, and there were 10 cases in 1949.



The following table shows where the cases occurred and the months in which they were notified, 85.7 per cent. of the cases being in July, August and September.

District.	Cases notified in				
	June	July	August	Sept.	Nov.
Boston Borough ... ..	1	3	1	1	—
Spalding Urban ... ..	—	1	—	—	—
Boston Rural ... ..	—	—	5	2	—
East Elloe Rural ... ..	1	—	2	1	1
Spalding Rural ... ..	—	—	1	1	—
	—	—	—	—	—
Totals ... ..	2	4	9	5	1
	—	—	—	—	—

The age and sex incidence was as follows:—

Age.	Notifications.			% of all cases.
	M.	F.	Total.	
0— ... ..	—	—	—	—
1— ... ..	1	2	3	14.3
3— ... ..	2	2	4	19.0
5— ... ..	1	1	2	9.5
10— ... ..	1	1	2	9.5
15— ... ..	3	4	7	33.4
25— ... ..	1	—	1	4.8
30— ... ..	—	2	2	9.5
	—	—	—	—
	9	12	21	100
	—	—	—	—

The incidence rate in 1950 for England and Wales was 17.7 per 100,000 of the population, the rate for this County being 21.3.

The percentage of paralytic cases in this County area was 76.1 which compares with a national figure of approximately 70%.

The number of deaths (6) gives a case fatality rate of 28.6%.

Investigation is constantly being made into the causation of the disease. Until more is known, it would seem wise during epidemic periods to avoid unnecessary crowding together, particularly of children and the avoidance of undue exertion. Physical weariness may predispose the individual to infection or cause complications of greater severity in cases incubating the disease.

Infectious Diseases notified in Holland County for the year ending 31st December, 1950.

District.	Cerebro-Spinal Fever.	Whooping Cough.	Diphtheria.	Erysipelas.	Scarlet Fever.	Typhoid and Paratyphoid	Puerperal Pyrexia.	Polio-myelitis and Polio-Encephalitis.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Pneumonia.	Chicken Pox.	Measles.	Food Poisoning.	Scabies.	Total.
<b>Urban Districts</b>																	
Boston ..	—	31	—	4	53	—	3	6	—	17	4	16	167	824	4	3	1132
Spalding ..	—	20	—	4	4	—	—	1	—	6	1	6	—	378	—	—	420
<b>Rural Districts</b>																	
Boston ..	—	83	—	4	10	—	1	7	1	15	1	11	63	324	3	6	529
Spalding ..	—	6	—	2	23	—	—	2	—	5	—	4	—	415	—	—	457
East Elloe ..	—	25	—	13	24	1	2	5	1	7	3	18	—	354	—	—	453
<b>Totals</b> ..	—	165	—	27	114	1	6	21	2	50	9	55	230	2295	7	9	2991

\* Note.—The figures for tuberculosis exclude those cases coming to the notice of the Medical Officer of Health otherwise than by formal notification.

## HEALTH CENTRES (Section 21).

No progress was made during 1950 in choosing or earmarking suitable sites for health centres as envisaged by this Section of the National Health Service Act. The idea of the comprehensive health centre is to provide in one place facilities for the following purposes: General Medical Services, General Dental Services, Pharmaceutical Services, Local Health Authority Services, and Specialised Services. Owing to economic circumstances, the provision of such a Centre in this County would not be possible at the present time even if it were advisable.

A report has been issued by the Central Health Services Council which sets out a long term plan and an immediate practical programme. The latter is mainly confined to providing accommodation for group practice by doctors, applicable to under-doctored areas and where a group of doctors are anxious to work from a Health Centre. It is doubtful whether these conditions apply here but no doubt the matter will be fully considered when further guidance is received from the Ministry. Any proposals will, of course, have to receive the prior approval of the Minister of Health to enable the Authority to acquire or reserve suitable sites as opportunity occurs.

## CARE OF MOTHERS AND YOUNG CHILDREN (Section 22).

The Council's duties under the Section were continued with little alteration of the arrangements of the previous year.

*Home Visiting*—Reference is made in the section of the report relating to health visiting to the number of visits paid to expectant mothers and to children up to the age of 5 years.

*Child Welfare Centres*—Hitherto there have been three welfare sessions weekly at the Health Centre, London Road, Boston. It was found that mothers from the far side of the town had difficulty in bringing their children. It was therefore decided to discontinue one session at the London Road Centre and to hold a session at St. Christopher's Hall, Fenside Road, Boston. The alteration has been appreciated and there are large attendances.



The following is the list of infant welfare centres :—

Centre.	Frequency.	Day.	No. of Sessions.	No. seen by Doctor.	Average Attendance (Children).
Boston	Thrice Weekly	Monday, Tuesday, Friday	162	2054	52
Crowland	Weekly	Tuesday	51	216	23
Donington	Weekly	Thursday	52	270	34
Deeping St. Nicholas	Monthly	2nd Thursday	12	49	20
Gosberton	Monthly	1st Thursday	12	79	30
Holbeach	Weekly	Thursday	48	405	58
Kirton	Weekly	Wednesday	52	427	36
Long Sutton	Weekly	Friday	51	332	53
Spalding	Twice weekly	Tuesday, Friday	102	1047	43
Sutton Bridge	Weekly	Tuesday	50	495	51
Swineshead	Weekly	Tuesday	51	165	21
Wrangle	Weekly	Friday	51	216	22

All the Centres are administered by the Local Health Authority, and the following table summarises the position :—

No. of Centres Provided at end of year.	No. of Child Welfare Sessions now held per month.	No. of Children who attended Centres during the year.		No. of Children who first attended the Centres during the year and who on the date of their first attendance were :—		No. of Children in attendance at the end of the year who were then :—		Total No. of attendances made by children during the year.	
		Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Between ages of 1 and 5.	Under 1 year of age.	Over 1 year of age.
		1,043	218	948	2,700	16,157	10,523		
13	58	3,648							

*Welfare Foods*—Officials from the Local Offices of the Ministry of Food attend at the Centres to deal with the issue of National Dried Milk and Vitamin preparations.

Proprietary foods are issued, when recommended, by the Local Health Authority at cost price plus 10% for overhead charges. The Clinic Medical Officer has authority to make free issues when the family income falls below a certain level. Such a necessity is of infrequent occurrence.

*Ante-natal Clinics*—Ante-natal clinics are held as follows :—

BOSTON.—Once a week.

SPALDING.—Twice weekly.

HOLBEACH.—Twice weekly.

SUTTON BRIDGE.—Once weekly.

In addition ante-natal cases are seen, when necessary, after the weekly welfare sessions at Crowland, Donington, Kirton and Wrangle.

The number of women who attended during the year was 959, which included 716 women who had not attended any clinic during current pregnancy. The total number of attendances was 3,616.

In common with other Authorities throughout the Country, the number of women attending the Council's ante-natal clinics continues to decrease. This is due partly to the fact that many of the mothers who book for hospital confinement are seen at the hospital out-patient clinics, or receive ante-natal care through their own doctors. This matter is to receive early consideration by the Advisory Committee which has been set up with the object of co-ordinating the maternity services.

*Post-Natal Clinics*—No special clinics were held but post-natal examinations were carried out occasionally in conjunction with ante-natal sessions. 10 such attendances were made. Here again, the post-natal examination is usually done by the general practitioner.

*Prematurity*—Particular attention is devoted to babies weighing 5½lb. or less at birth. Premature babies born at home numbered 34, and those born in hospital numbered 69. Special cots, with accessories, are provided when required for babies nursed at home. The following table shows the position regarding premature babies born at home.

Weight at Birth.	Trans- ferred to Hospital.	Born at home.					Grand Total
		Nursed entirely at home.				Total	
		Died in first 24 hrs.	Died on 2nd to 7th day.	Died on 8th to 28th day.	Survived 28 days.		
Under 3 lbs.	4	1	1	—	—	2	6
3-4 lbs.	1	—	—	—	2	2	3
4-5½ lbs.	5	2	—	1	17	20	25
Total	10	3	1	1	19	24	34

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.—By the National Health Service Act, Local Health Authorities were given the responsibility of arranging for the dental care of expectant and nursing mothers and young children. This priority service never came into operation however, as the remuneration offered by Local Authorities did not compare in any way with the fees to be obtained in general practice. By February, 1949, this Authority's dental service had ceased to exist. In spite of repeated efforts, no dental staff has been obtained and it seems impossible to say when a solution will be found to the problem of re-establishing this important service.

INSTITUTIONAL TREATMENT—MATERNITY BEDS.—45 beds are available through the Regional Hospital Board for patients requiring institutional care. This accommodation is provided as follows:—

Boston General Hospital	Maternity Section	12 beds.
Holbeach Hospital	„	12 beds.
Wyberton West Hospital, Boston	„	21 beds.

The number of births which occurred in maternity units was 807 which is approximately 46% of the total births. In the previous year, the number of hospital confinements was 1,043, equivalent to 57% of the total births.

All patients applying for institutional accommodation were seen by the Consultant Obstetrician. The following order of priority was made:—

Priority 1.—Medical or midwifery abnormalities.

Priority 2.—Difficult home circumstances.

Priority 3.—Mothers expecting a first baby and for those mothers who have had five or more pregnancies.



The services of the health visitors have been utilised in investigating the home conditions in order to decide whether priority certificates could be issued on sociological grounds.

**CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.**—This Authority's proposals provide that such cases are dealt with through the Lincs. Diocesan Moral Welfare Association in close collaboration with the County Health Visiting Staff and the County Welfare Officer. The arrangement has worked admirably. The length of stay is usually 16 weeks but the Regional Hospital Board accept responsibility for charges during the lying-in period of two weeks. Apart from the Quarry Maternity Home, Lincoln, similar homes are utilised when necessary.

6 cases were sent to the Quarry Maternity Home, Lincoln, 1 to Heworth Moor House, Yorks., 2 to Salvation Army Home, Bramley, 1 to St. Saviour's Home, Northampton, and 1 to Salvation Army Home, Lichfield.

**DAY NURSERIES.** — This service provides, so far as the accommodation permits, for the care of the young child.

Owing to the long waiting list, the Committee did recommend the provision of additional accommodation at Boston. Under present economic conditions, the Minister of Health was not prepared to give his approval. A system of strict priority was therefore adopted as follows:—

1. Children whose mothers are wholly or mainly responsible for the maintenance of the family, i.e. widows, single women, women with disabled husbands, etc.
2. Children whose mothers, although not at work are unable to look after their children because of illness or confinement.
3. Children whose mothers are at work owing to the economic circumstances of the family.

This action has brought about a considerable reduction in the waiting list, although there are still many children not admitted whose mothers state that they must work to supplement the wages of their husbands in order to live.

There are 2 Day Nurseries in the County. The Day Nursery at Holland Road, Spalding, has 20 places for children under 2 years, and 30 places for children between 2 and 5 years of age. The nursery is a recognised training centre. The staff at the end of the year consisted of Matron, Deputy Matron, Warden, 1 Nursery Nurse, 2 Nursery Assistants, and 5 Nursery Students. The hours are from 7.30 a.m. to 5.0 p.m. on Mondays to Fridays inclusive. The average attendance over the whole year was 34.

The Day Nursery at Allan House, Carlton Road, Boston, has accommodation for some resident staff. Extensive adaptations and improvements were carried out during the year and more are contemplated. The Nursery is not yet recognised as a training centre. The staff at the close of the year was:—Matron, Deputy Matron, Warden, 3 Nursery Nurses (1 part-time) and 6 Nursery Assistants. The Nursery has 25 places for children under 2 years and 25 places for children between 2 and 5 years of age. The average daily attendance for the year was 33.

The Day Nurseries Sub-Committee are still gravely concerned about the lack of further educational facilities for Nursery students. Until these facilities are available, the Boston Day Nursery cannot be recognised as a training centre, and the students at Spalding will not be able to take the National Nursery Board examination because the required certificate of further education cannot be given. The Education Committee are endeavouring to find a solution to the problem.

**FOSTER PARENTS—ADOPTIONS.** — The supervision of children in the care of foster-parents is now entirely the responsibility of the Children's Officer, who also deals with adoptions on behalf of the Local Authority. In addition to this, some adoptions are also arranged through registered Adoption Societies.

**ILLEGITIMATE BABIES.**—The number of illegitimate live births in the County during 1950 was 111, equivalent to 6.5% of the total live births. This is an increase on the previous year when the percentage was 5.9. The Children's Officer and the Social Worker of the Lincs. Diocesan Association for Moral Welfare have given much assistance in dealing with the problems which arise from such cases. The County Council make a grant to the Moral Welfare Association for their welfare work in the district.

**NURSING HOMES.**—The County Council is the Registration Authority but there are no such homes in the Holland area.

**NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948.** — There is one daily minder, having the care of 3 children, registered.

**MARRIED WOMEN'S ADVISORY CLINIC.**—A Voluntary Branch of the Family Planning Association was formed at the end of 1949. The name has now been changed to the Holbeach Married Women's Advisory Clinic. The County Council agreed to assist the work by allowing the free use of the Clinic at Park Road,

Holbeach. The first clinic session was held in March, 1950, and sessions are now held regularly on the 1st and 3rd Tuesdays of each month. The Branch provide their own doctor and nurse. The following extract is taken from the report of the Honorary Secretary:—

“ We have had 112 patients during the year; this included 6 sub-fertility patients. All patients pay 3/- consultation fee which covers their first six months on the books; this is usually two visits. At the end of six months they return for a routine check-up visit. Nearly all the mothers seeking advice on birth control are already mothers, and those who have no families (there being less than a dozen), are all young, newly-married wives with housing problems. Before the clinic was started, all the doctors in Lindsey, Holland, Kesteven, and some in the Isle of Ely were notified. A number of our patients have been sent to us by doctors for health and other reasons. Some patients have seen our advertisements in the Press, but most have come on personal recommendations, which is our best means of becoming better known, and increasing our numbers.”

### MIDWIVES' ACTS.

LOCAL SUPERVISING AUTHORITY. — The County Council, as the local health authority, is the supervising authority for the purposes of the Midwives Acts and is therefore responsible for supervising the work of midwives throughout the County. The supervisory staff comprises the County Medical Officer and a non-medical supervisor, who is also County Nursing Superintendent.

NOTIFICATION OF INTENTION TO PRACTICE.—The number of midwives who gave notice of their intention to practice midwifery during 1950 was 45, the same as in 1949. In addition, 7 midwives notified their intention to practice as maternity nurses. The number of practising midwives at the end of the year was 42.

INSPECTIONS.—Routine, in addition to special inspections, were carried out during the year, the number of inspections being 115.



CASES.—The following table shows the number of cases attended by midwives during the year:—

Description	Number of cases attended by Midwives during 1950					
	Domiciliary Cases		Cases in Institutions		Total	
	As Mid-wives	As Mater-nity Nurses	As Mid-wives	As Mater-nity Nurses	As Mid-wives	As Mater-nity Nurses
Employed by this Authority .. ..	654	142	—	—	654	142
Employed by Hospital Management Committees	—	—	894	23	894	23
Employed in private domiciliary practice .. ..	—	9	—	—	—	9
Total .. ..	654	151	894	23	1548	174

MEDICAL AID.—Medical aid was sought by midwives in 185 cases, the classification being as follows:—

#### PREGNANCY.

Ante-partum haemorrhage ... ..	6
Abortion or threatened abortion ... ..	3
Albuminuria ... ..	5
Miscarriage ... ..	9
Varicose veins ... ..	1
High blood pressure ... ..	5
Other conditions ... ..	9

#### LABOUR.

Malpresentation ... ..	3
Retained or adherent placenta ... ..	1
Ruptured perineum ... ..	45
Prolonged labour ... ..	18
Other conditions ... ..	9

## LYING-IN.

Varicose veins	...	...	...	...	...	...	...	2
Post-partum haemorrhage	...	...	...	...	...	...	...	5
Pyrexia	...	...	...	...	...	...	...	5
Other conditions	...	...	...	...	...	...	...	8

## CHILD.

Prematurity	...	...	...	...	...	...	...	4
Dangerous feebleness	...	...	...	...	...	...	...	5
Inflammation of eyes	...	...	...	...	...	...	...	17
Malformation	...	...	...	...	...	...	...	8
Jaundice	...	...	...	...	...	...	...	1
Other conditions	...	...	...	...	...	...	...	16

NOTIFICATIONS FROM MIDWIVES. — The following notifications were received from midwives:—

Notifications of sending for medical aid	...	...	...	...	...	...	...	185
Stillbirths	...	...	...	...	...	...	...	30
Laying out dead body	...	...	...	...	...	...	...	4
Liability to be a source of infection	...	...	...	...	...	...	...	9
Notification of death	...	...	...	...	...	...	...	21
Artificial feeding	...	...	...	...	...	...	...	188

MIDWIFERY SERVICE (Section 23).

ADMINISTRATIVE ARRANGEMENTS. — The County Council is responsible for the domiciliary midwifery service throughout the County. This is done by employing directly:—

6 whole-time midwives, and 17 part-time midwives who combine the work with district nursing.

Their work is supervised by the County Nursing Superintendent and her three Assistants.

TRANSPORT.—With two exceptions each midwife either has her own car or is provided with a car through the County Transport Department.

ACCOMMODATION FOR MIDWIVES.—The good progress made in finding suitable accommodation for midwives has continued. Reference to this and other relevant matters is contained in the report of the County Nursing Superintendent, Miss E. K. Bally.

CASES ATTENDED.—The following is a summary of the work carried out by the County Council midwives:—

District	No. of visits.			Total number of visits
	Ante-natal	De- livery	Lying- in	
	To patients' homes			
Boston, Wyberton and Fishtoft	1580	239	3888	5707
Freiston, Benington and Butterwick	211	23	542	776
Wrangle and Old Leake	125	24	557	706
Kirton, Sutterton and Algarkirk	349	65	1361	1775
Swineshead and Donington	533	60	1108	1701
Gosberton and Surfleet	225	29	525	779
Spalding, Pinchbeck and Cowbit	865	120	2240	3225
Moulton and Weston	120	17	276	413
Deeping St. Nicholas	132	18	315	465
Crowland	554	31	397	982
Holbeach and Holbeach Bank	329	44	838	1211
Fleet and Gedney	318	35	738	1091
Long Sutton	36	18	257	311
Tydd, Sutton St. James, Gedney Hill	108	22	420	550
Sutton Bridge	102	27	462	591
TOTAL	5587	772	13924	20283

### HOME NURSING (Section 25).

GENERAL ARRANGEMENTS.—The County Council, as the Local Health Authority, is responsible for securing the attendance of nurses on persons who require nursing in their homes. As with the midwifery service, the County Nursing Superintendent, with the help of three divisional assistants, is responsible for the day to day supervision of the nurses.

TRANSPORT.—With the exception of a few nurses in urban areas, the district nurses have their own cars or use cars provided by the Council.



STAFF.—At the close of the year, there were six whole-time home nurses and seventeen part-time district nurse-midwives employed part-time in home nursing.

WORK UNDERTAKEN. — The following table shows the amount of work undertaken during the year in the various districts.

District	No. of Nurses	No. of Patients Attended	New Cases		No. of visits	
			Medical	Surgical	General	Casual
Boston and Fishtoft	3	473	124	20	5354	268
Freiston, Benington, Butterwick	1	99	23	2	481	—
Wrangle, Old Leake	1	123	34	6	954	48
Kirton, Wyberton, Sutterton, Algarkirk	2	381	112	37	1815	172
Swineshead, Donington	2	356	52	19	2533	155
Gosberton, Surfleet	1	135	26	13	669	17
Spalding, Pinchbeck, Weston	3	703	155	68	9460	306
Moulton, Moulton Chapel, Cowbit	2	390	72	132	2936	117
Deeping St. Nicholas	1	54	29	5	435	557
Crowland	1	251	62	77	1547	595
Holbeach, Holbeach Bank	2	325	85	101	1553	192
Fleet, Gedney	1	165	75	73	1334	302
Long Sutton	1	228	28	17	1802	260
Tydd, Sutton St. James, Gedney Hill	1	87	14	14	379	53
Sutton Bridge	1	106	17	24	437	108

### DOMICILIARY MIDWIFERY AND NURSING SERVICE.

Miss E. K. Bally, the County Nursing Superintendent, reports as follows:—

STAFF.—At the end of 1950, there were no vacancies on the staff of the domiciliary midwifery and nursing service. Miss Le Manquais, Assistant County Nursing Superintendent in the Boston area, resigned at the end of the year in order to take up the post of Non-Medical Supervisor of Midwives for Dudley, Worcestershire.

Mrs. Proctor, district nurse/midwife for the Fleet district retired after 24 years service in that area. It was decided not to appoint a successor but to divide the district among the existing staff for a trial period. Mrs. Stewart, district nurse/midwife for the Moulton district retired after 15 years service in the district. The vacancy was filled by Miss M. J. S. Wilson, S.R.N., S.C.M.

HOUSING.—The progress in providing suitable accommodation for district nurse/midwives has been very satisfactory with the help of the local housing authorities concerned.

During the year, a bungalow at Old Leake has been let to the County Council and furnished by them for the use of the district nurse/midwife.

Two prefabricated bungalows, one at Gosberton and one at Moulton have been let directly to the nurse/midwives of these areas.

POST-GRADUATE TRAINING. — Four midwives attended post-graduate schools arranged by the Royal College of Midwives.

2 to Leeds in March.

2 to Birmingham in April.

The County Nursing Superintendent also attended a post-graduate course for Midwife Teachers held at Oxford in September.

Lectures have also been arranged locally on general district nursing, and through the local branch of the Royal College of Midwives on midwifery.

PETHEDINE.—Under the Dangerous Drugs Regulations, 1950, midwives who have been trained in its use, may obtain and administer pethedine to their patients. To enable midwives in this Authority's area to make use of this permission, arrangements were made for lectures on the subject to be given by Mr. R. F. Lawrence and Dr. N. Bloom.

STREPTOMYCIN.—Owing to the shortage of beds for patients suffering from tuberculosis, arrangements have been made for district nurses to carry out the administration of streptomycin in the patient's own home. The steam sterilising of the syringes and needles has been carried out through the kind co-operation of the Boston Group Hospital Management Committee.

TRAINING SCHOOL FOR PUPIL MIDWIVES. — The training scheme for pupil midwives in conjunction with the Boston Group Hospital Management Committee continues to function satisfactorily. 15 pupils sat for the examination of the Central Midwives Board during the year and all were successful.

### HEALTH VISITING (Section 24).

FUNCTIONS.—Health Visiting now includes a wide range of duties. Formerly health visitors were appointed to look after the welfare of expectant and nursing mothers, and of children under 5 years of age. Then, in some areas, tuberculosis and supervision of mental defectives were added. Now under the National Health Service Act emphasis is placed on the need for the care of the household, including the preservation of health and precautions against the spread of infection. In this County, the health visitors undertake all duties with the exception of tuberculosis health visiting for which there is a separate health visitor.

STAFF.—On the 31st December, 1950, the County staff was as follows:—

2 Health Visitors (full-time).

8 Health Visitors, also carrying out school nursing duties.

1 Tuberculosis Health Visitor (full-time).

In the Borough of Boston there are 2 full-time school nurses,

SUMMARY OF WORK. — The following figures show the number of visits (including tuberculosis) paid by the health visitors during the year:—

#### To Expectant Mothers.

First Visits	...	...	...	...	...	317
Total Visits	...	...	...	...	...	461

#### To Children under 1 year of age.

First Visits	...	...	...	...	...	1,721
Total Visits	...	...	...	...	...	11,018

#### To Children between the ages of 1 and 5.

First Visits	...	...	...	...	...	76
Total Visits	...	...	...	...	...	14,706

#### Other Cases.

First Visits	...	...	...	...	...	522
Total Visits	...	...	...	...	...	2,362



REFRESHER COURSES. — 2 health visitors attended refresher courses during the year. It is the policy of the County Council to send this number each year. These courses are of great value as, in addition to the medical side, stress is laid on the educational aspect of the work of a health visitor.

CHILD LIFE PROTECTION — BOARDED OUT CHILDREN — ADOPTIONS. — This work comes within the province of the Children's Officer except that, in the case of children under 5 years of age, visits are paid by the health visitors as part of their routine duties.

TRAINING OF HEALTH VISITORS.—The acute shortage of health visitors still exists and it is a matter of great difficulty to keep the staff up to minimum requirements. This difficulty applies particularly to a rural area such as this County. It is hoped to overcome the difficulty by granting bursaries for training at an approved training centre. The most important condition of the agreement will be that the candidates, on qualification, must remain if required, on the Council's staff as health visitors for at least 2 years.

## VACCINATION AND IMMUNISATION (Section 26).

VACCINATION AGAINST SMALLPOX.—As a Local Health Authority, the County Council has the duty of making arrangements for the vaccination against smallpox of persons in the area of the Authority. The health visitors in the course of their follow-up visits of all notified births advise parents personally when the child reaches the age of three months of the importance of vaccination.

All medical practitioners practising in the area participate in the scheme and are supplied with pre-paid postcard certificates. The approved fee is paid for each certificate received.

In addition, special sessions are held from time to time at the Authority's clinics when vaccinations are carried out by the Council's Medical Officers.

In the event of an outbreak of smallpox, a scheme has been prepared for vaccination on a large scale to meet the probable public demand.

It is encouraging to report a considerable increase in the number of vaccinations. There is, however, room for much improvement particularly in the under one year age group, and it is hoped that the upward trend will be continued.

The County of Holland has never been vaccination minded, perhaps an indication of an independence of mind taking not too kindly the implied compulsion of old which has been allowed to disappear. There is good indication that a more modern, a more enlightened approach to parents is being successful. 382 children under the age of five years were vaccinated as against 142 in the previous year. Special appointments are given at set times, follow-up visits are undertaken by the nursing staff. The quality of the vaccine lymph is most satisfactory. The approach to parents by way of individual talks at home or at the welfare centre stress the need for vaccination in the early months of life; at such a time complications are not expected. A better illustration of the educational value of the Health Visiting Staff would be difficult to find.

The following are the figures for 1949 and 1950.

Number of persons vaccinated or re-vaccinated.

Age at 31st Dec. in each year.	Under 1 1949 1950	1-4 yrs. 1949 1950	5-14 yrs. 1949 1950	15 or over 1949 1950	Total 1949 1950
Number Vaccinated	92 198	50 184	7 22	23 61	172 465
Number Re- Vaccinated	Nil Nil	1 7	Nil 5	35 64	36 76

**DIPHTHERIA IMMUNISATION.** — As with vaccination against smallpox, the Local Health Authority has the duty of making arrangements for immunisation against diphtheria. All medical practitioners practising in the area participate in the scheme and are paid the approved fee for each record card of immunisation received.

Apart from the usual publicity, health visitors take every opportunity to stress the importance of this protective treatment. The main approach is by means of a birthday card to each child on its first birthday when parents are asked to agree to immunisation and to state whether they wish this to be done by their own doctor or by one of the Council's Medical Officers at a clinic.

Also primary immunisation or booster injections are available at school when the children commence school.

In considering the present position regarding immunisation, one does not feel happy that the percentage of children immunised in the 1 to 5 years age group dropped from 60.6 to 58.8. One has

to remember, however, that the number of children immunised before the age of 1 year is comparatively small although all the children from birth form part of the population in which the percentage is based. Again the incidence of poliomyelitis may cause a temporary suspension of immunisation during certain months.

Whatever the cause, an improvement is essential to ensure that an epidemic does not appear. The efficacy of this protective treatment is proved by the virtual disappearance of diphtheria; there was not a single case notified in this County during 1950.

On the 31st December, 1950, the approximate percentage of children immunised was as follows:—

	Aged 1—5 years				5—15 years
	% immunised.				% immunised.
Boston Borough ... ..	...	...	...	59.9	84.3
Boston Rural ... ..	...	...	...	50.1	73.3
Spalding Urban ... ..	...	...	...	78.4	85.4
East Elloe Rural ... ..	...	...	...	52.3	78.9
Spalding Rural ... ..	...	...	...	59.9	84.3
Whole County ... ..	...	...	...	58.8	81.1

The following table shows the number of immunisations carried out in the various districts since 1st January, 1941.



Number immunised against Diphtheria during the period 1941-1950.

Year.	Boston Borough.		Boston Rural.		Spalding Urban.		Spalding Rural.		East Elloe Rural.	
	Under five.	Aged 5-15.	Under five.	Aged 5-15.	Under five.	Aged 5-15.	Under five.	Aged 5-15.	Under five.	Aged 5-15.
1941	209	170	175	283	134	174	129	184	143	251
1942	267	104	184	369	154	231	211	500	225	348
1943	268	113	295	270	212	177	189	151	277	275
1944	308	249	288	55	268	142	224	66	274	89
1945	314	125	224	36	224	23	236	13	220	42
1946	287	100	262	42	168	28	223	37	264	120
1947	312	86	255	41	236	80	199	47	249	205
1948	443	74	300	35	203	9	210	38	300	64
1949	339	31	255	22	167	8	200	23	280	45
*1950	307	65	208	17	173	14	193	13	232	16
Total	3054	1117	2446	1170	1939	886	2014	1072	2464	1455

\* In addition, 1,347 school children received booster doses.

**WHOOPING COUGH.**—Although immunisation against whooping cough is being undertaken by some medical practitioners, no steps have yet been taken by the County Council to bring a general scheme into operation.

### AMBULANCE SERVICE (Section 27).

The service is managed directly by the Council through the County Transport Department. The figures for 1950 show that the demands on the service continue to increase. The mileage covered by ambulances was 13% greater than in 1949 and 17.8% more patients were carried. Similarly, increases occurred in connection with the hospital car service where, compared with the previous year, the mileage covered by the Council's cars showed a 10.5% increase, and the number of patients carried a 28.8% increase.

In the supplementary service (e.g. use of private or private hire cars), the total mileage increased by 21.1% and the number of patients carried by 37%.

The following is a summary of the work done during 1950.

	Total calls.	Accidents and Emergency calls.	Patients Carried.	Total Mileage.
Directly provided service.				
Ambulances ...	4,287	1,595	4,601	88,975
Cars ... ..	8,959	51	9,958	141,635
Supplementary service.				
Cars ... ..	2,130	172	2,496	66,581

The number of whole-time staff employed on 31st December, 1950, was 15 driver-attendants and 3 mechanics.

Apart from the use of private cars of enrolled volunteers for the transport of sitting cases, private hire cars were also called upon when necessary.

In addition to the main depot at Allan House, Carlton Road, Boston, which is also the Administrative Centre, there are subsidiary ambulance depots at Holbeach, Sutton Bridge and Spalding.

In border line areas, reciprocal arrangements have been made for cover or assistance, namely, with the Soke of Peterborough, Kesteven and Lindsey County Councils.

Arising from the concern at the increasing demands upon the ambulance service, a Joint Committee representative of the County Council, the Hospital Management Committee, and the Medical

Practitioners has been formed, with the object of reducing the calls and to explore possible economies in time and expenditure. This Joint Committee, which will remain in being, has made certain recommendations, including the following:—

- (1) Ambulance personnel to be released immediately the patient has been delivered to the ward, in order to reduce the waiting time of ambulances at hospitals.
- (2) Additional equipment to be available at each hospital to obviate the necessity of ambulances having to wait to recover equipment brought with the patient.
- (3) As much latitude of time as possible to be given in connection with the collection of patients for discharge, in order that this work may be arranged with other journeys, whenever possible.
- (4) Arrangements to be made, so far as is possible, for patients from outlying parts of the County to be brought to hospital at the same time, and to be available for return together.
- (5) When equivalent treatment is available locally, patients to be encouraged to accept treatment at the nearest appropriate centre and so avoid lengthy journeys to other towns.
- (6) Cases to be kept under constant review in order that County transport may be discontinued when the patient is fit to travel by other means.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

SECTION 28.—This Section gives Local Health Authorities power to administer schemes for the prevention of illness, and for the care and after-care of persons suffering from illness. It gives Authorities ample scope to improve and extend their preventive work.

The following are details of the services in operation:—

TUBERCULOSIS.—The Holland Care Committee, to which the County Council have delegated the care and after-care arrangements in connection with tuberculosis has now completed 16 years of excellent work. It is a Voluntary Committee subsidised by the Council but having to rely to a great extent on its own efforts. The County Medical Officer and the Chest Physician act as Advisers to the Committee with the assistance of the Tuberculosis Health Visitor. Members of the Committee paid a large number of visits to patients in their homes.

The Care-Committee is affiliated to the National Association for the Prevention of Tuberculosis; the expenditure for the year amounted to £1,611/19/9.



Mention should again be made to the enthusiastic work of the Christmas Seal Sale Organiser, Mrs. D. A. Leafe, through whose efforts a total of £500 was raised.

The following is an extract from the report of the Committee:—

“ Help has been given during the year in the following ways:—

*FOOD.*—Milk remains the chief form of grant of extra nourishment and has been given in 146 cases. This applies to definite cases and also, as a means of prevention, to suspects and contacts. Milk so supplied amounts to about 612 gallons monthly. In several cases proprietary foods have been supplied either through Mrs. Panton or from the Committee's stores.

*CONVALESCENT HOMES.*—The Committee have felt that this most important preventive measure should be utilised to the fullest extent. 14 children were sent to Hunstanton for a holiday with good results. Everyone will be aware of the necessity of maintaining the physical health of those who have been in contact with open cases of tuberculosis. The resistance of youthful contacts may be broken down little by little and it is here that a good holiday in a convalescent home may play a prominent part.

*GROCERIES.*—Regular grants in kind have been made in 10 cases. This has proved to be a most useful means of ensuring that help was received in the way for which it was intended.

*MONEY GRANTS.*—Great care has been exercised in making money grants but this has been done in 13 cases for reasons such as payments for laundering, rent, wireless set, travelling expenses of relatives, accounts in arrear, domestic help, etc.

*BOARDING OUT.*—Small payments at the rate of 10/- a week were made in respect of 3 children removed from infectious households to the care of relatives.

*PROVISION OF BEDS, BEDDING, BOOTS AND CLOTHING.*—These arrangements are somewhat difficult of application and entail close co-operation with the Women's Voluntary Services, and the National Assistance Board. Bed clothes have been supplied, either by purchase or by individual members of the Committee, to 9 families.

Similarly boots and clothing have been supplied in 7 cases. In addition many cases in this category have been referred to and dealt with by the National Assistance Boards and the Women's Voluntary Services.

*HANDWORK.* — The treatment of tuberculosis often entails prolonged rest and a very useful adjunct to treatment is the finding of some means of usefully passing this time. In this respect, Mrs. Panton has been most helpful in supplying material, e.g., rug canvas and wool, etc.; to those who were interested and willing to do work of this kind.

*VISITING.*—One of the main objects is for Visitors to keep in friendly contact with patients and their families and generally to assist them in overcoming the difficulties which arise from time to time. A considerable number of visits have been made by the ladies of the Committee both for the purpose of making suitable recommendations and also for following-up at regular intervals.”

*MENTAL ILLNESS.*—The care and supervision of patients at home suffering from mental illness or defect is carried out by health visitors and Authorised Officers. Their work will be made much easier when it is possible to open an Occupation Centre.

*VENEREAL DISEASES.*—Treatment facilities for these diseases are the responsibility of the Regional Hospital Board. The services of the health visitors are available, if required, to follow up defaulters.

The following table summarises the information received of cases from the Holland area treated at the special clinics.

New Cases.	Boston Clinic	Spalding Clinic	Total
Syphilis	17	2	19
	(17)	(11)	(28)
Gonorrhoea	17	5	22
	(11)	(2)	(13)
Other Conditions	57	23	80
	(54)	(19)	(73)
Total ... ..	91	30	121
	(82)	(32)	(114)

Note: The figures in brackets relate to the year 1949.





When baby is born at home, the Home Help attends and does the work usually done by the mother. Here the young mother is seen being served with her meal by the Home Help.

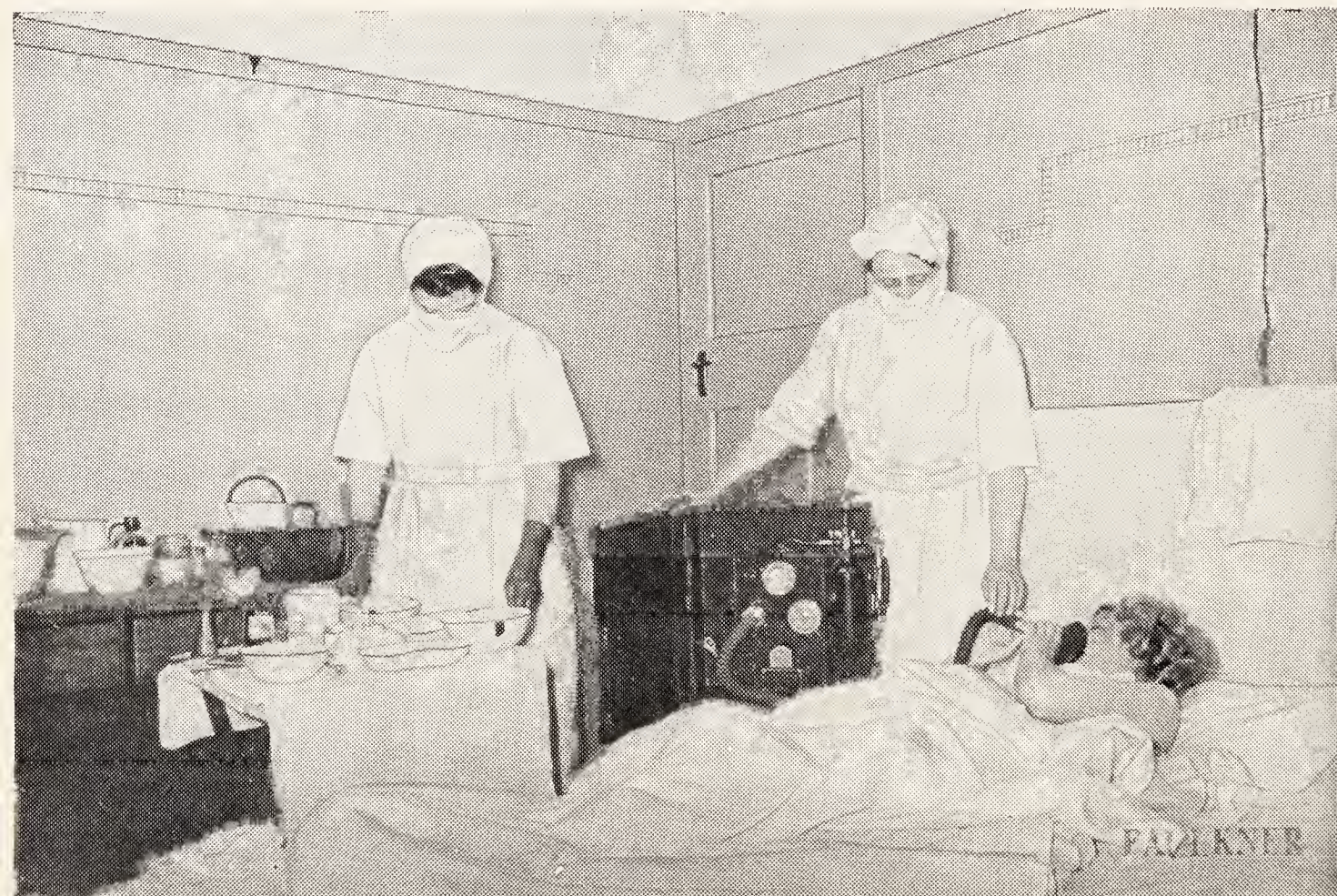


Another aspect of the Home Help Service. The aged in their homes are looked after by the Home Help who visits them daily.





To grow sturdy and strong, children must have plenty of sound healthy sleep. The rest period is a regular part of the Day Nurseries routine.



Every Domiciliary Midwife in the Council's service is qualified to administer gas and air analgesia for the relief of pain in childbirth. Above, the patient is attended by the midwife and pupil midwife.



**OTHER ILLNESSES.** — The County Health Department receives copies of notifications of all cases of infectious disease. This information is transmitted to the health visitors in order that they may play their part in preventing the spread of infection.

Care work in connection with diseases in addition to tuberculosis has now been delegated, as a trial measure, to the Holland Voluntary Care Committee.

**HOLIDAY HOMES.**—The Council has approved arrangements for sending suitable cases to holiday homes. This scheme will now be administered through the Holland Care Committee.

**HEALTH EDUCATION.**—Reference to this important aspect in the prevention of illness is made in the report of the Publicity Officer for the Health Services.

**MEDICAL LOAN DEPOTS.**—Stocks of small items of nursing equipment are held by the District Nurses for loan to patients needing them. In addition, loan depots have been established at Boston (British Red Cross Society) and at Spalding and Sutton Bridge (St. John Ambulance Brigade). During 1950, applications were received and dealt with as follow:—

Spalding	...	...	...	...	...	...	140
Sutton Bridge	...	...	...	...	...	...	25
Boston	...	...	...	...	...	...	156

The County Council also have an emergency depot at the County Hall, Boston.

### **HOME HELPS (Section 29).**

Under Section 29 of the National Health Service Act, 1946:—

- (a) A local health authority may make such arrangements as the Minister may approve for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying in, an expectant mother, mentally defective, aged, or a child not over compulsory age within the meaning of the Education Act, 1944.
- (b) A local health authority may, with the approval of the Minister, recover from persons availing themselves of the domestic help so provided, such charges as the Authority consider reasonable, having regard to the means of these persons.

Prior to the introduction of the National Health Service, the County Council had approved a scheme for the provision of Home Helps but little progress was made owing to the dearth of suitable applicants. However, since the inception of the Act, steady and

considerable progress has been made, and continues to be made. The volume of work always exceeds the number of Helps available, but if the present progress is maintained it is anticipated that the number of enrolled Home Helps will soon reach that in the Council's approved scheme, which is:

30 Full-time helps  
30 Regular part-time helps and  
20 Casual helps.

The following table shows the increase in the number of enrolled Home Helps and cases dealt with since 1948.

No. of Helps.				Cases provided with Help.
1948	...	...	14	80
1949	...	...	22	101
1950	...	...	51	212

The 212 cases attended by Home Helps during the year consisted off:—

Maternity	...	...	...	...	...	...	51
Tuberculosis	...	...	...	...	...	...	8
Illness or old age and infirmity	...	...	...	...	...	...	153

Of the total number of cases, 196 were new applications where help was provided for the first time in 1950.

The following table shows the distribution of enrolled Home Helps at the end of the year. It will be seen, with the exception of one or two of the more remote rural areas, that the County Service is comprehensive and every effort is being made to find regular Helps for the districts not yet covered.

District	Full time.	Part time.	Casual.	Total.
Boston and Wyberton ...	3	12	—	15
Spalding ... ..	1	10	1	12
Swineshead and Bicker ...	—	2	1	3
Kirton and Sutterton ...	—	1	1	2
Kirton End and Wigtoft	—	1	3	4
Butterwick, Benington and Wrangle ... ..	—	—	2	2
Surfleet and Quadring Fen	—	—	3	3
Gedney and Long Sutton	—	1	2	3
Sutton Bridge ... ..	—	—	1	1
Holbeach ... ..	—	2	1	3
Crowland ... ..	1	1	1	3
	—	—	—	—
WHOLE COUNTY ...	5	30	16	51
	—	—	—	—



Transport difficulties have again proved to be a handicap in the more outlying districts, and on several occasions the only remedy was to arrange for the Home Help to live in (where she was prepared to do this). This proved to be very satisfactory, but as the existing service only caters for an 8-hour day, the Home Help had to come to a private arrangement with the patient regarding the question of board and lodging.

**ORGANISATION.**—In the Spalding district, the service is administered by a part-time organiser of the Women's Voluntary Services; for the rest of the County it is done through the Health Department. The administration includes visiting new cases to assess the volume of Help required, assessment of contributions, allocation of Helps, etc. The three Assistant County Nursing Superintendents pay regular visits to ensure the Home Help is doing her work efficiently and the Service is not being abused.

**REMUNERATION.**—With effect from 1st June, 1951, the rates of pay for Home Helps are as follows :—

*FULL-TIME* : £3/17/- for a maximum of 44 hours per week.

*PART-TIME AND CASUAL* : 1/9d. per hour.

Full-time Helps are provided with a raincoat, storm-cap, 2 overalls and badge. Two overalls and badge only are provided to part-time and casual Helps.

**CHARGES.** — To secure reasonable uniformity of practice, recovery charges are assessed in accordance with the scale recommended by the Association of Local Authorities. A few special cases where undue hardship is apparent are referred for special consideration to the Maternity and Welfare Sub-Committee.

**GENERAL COMMENTS.**—The Home Help scheme is essentially a social service and its value to the welfare of the community can be readily seen by the ever-growing number of letters of appreciation received, together with the rapidly increasing interest and co-operation shown by medical practitioners, clergy, and voluntary organisations. Cases are also brought to the Department's notice by Hospital Almoners, the National Assistance Board, and the County Nursing Staff, in addition to the members of the Council and the public. An occasional abuse of the Service is inevitable, but every effort is made to prevent this by constant supervision and re-allocation of Helps.

The Service costs money, but this is more than balanced by the saving of places in old people's homes, children's homes, and hospitals, apart from the invisible saving by prevention of hardship

and the separation of families. For the financial year ending 31st March, 1951, the total cost of the Service to the Authority was £3,300 whilst £1,000 was recovered by patients' contributions. This gives a total nett expenditure of £2,300.

### MENTAL HEALTH SERVICE (Section 51).

**COMMITTEE.**—The Mental Welfare Sub-Committee, which is a sub-committee of the main Health Committee deals with all matters relating to mental health.

**STAFF.**—The County Medical Officer is in administrative control. A petitioning officer and 10 health visitors, devoting part-time service, assist in the mental deficiency section.

The County Welfare Officer and 4 duly authorised officers perform the duties necessary under the Lunacy and Mental Treatment Acts.

**CO-ORDINATION WITH REGIONAL HOSPITAL BOARD AND HOSPITAL MANAGEMENT COMMITTEE.**—The Council's officers work in close co-operation with the officers of the Board and Hospital Management Committees. The Psychiatrists of the Mental Hospitals were always available to assist whenever a second opinion was required, and the Council's mental health workers have furnished reports, when required, with reference to patients attending the clinics.

There is no delegation of duties to Voluntary Associations.

**LUNACY AND MENTAL TREATMENT ACTS.**—Arrangements for the certification of persons of unsound mind and their removal to Mental Hospitals form part of the duties of Duly Authorised Officers.

The number of patients admitted to Hospitals under these Acts during 1950 was as follows:—

Mental Treatment Act, 1930	Males.	Females.	Total.
Voluntary Patients (Section 1)	10	13	23
Temporary Patients (Section 5)	1	—	1
Lunacy Act, 1890.			
Urgency Orders (Section 11) ...	—	2	2
Certified Patients (Section 16)	13	30	43
3 Day Orders (Section 20) ...	—	1	1

Follow-up visits to patients on discharge are made by health visitors or authorised officers when such action is recommended.

MENTAL DEFICIENCY.—*Ascertainment*.—The number of ascertained cases on the register on 31st December, 1950, was 343, an ascertainment rate of 3.36 per 1,000 of the population.

The allocation of cases was as follows:—

	Males.	Females.	Total.
In Institutions for mental defectives (including cases on licence) ... ..	74	81	155
Under Guardianship ... ..	2	—	2
Under Statutory Supervision	86	71	157
Cases otherwise ascertained ...	18	11	29
	—	—	—
Totals ... ..	180	163	343
	—	—	—

Ten cases were removed from the register. Three of these ceased to be under care, and seven died or removed from the area.

Particulars of cases reported during the year 1950. — The number of cases subject to be dealt with was 26.

(a) Reported by Local Education Authority:—

	Males.	Females.	Total.
Under Section 57 (3) Education Act, 1944 ... ..	5	3	8
Under Section 57 (5) on leaving schools ... ..	7	1	8
(b) Otherwise ascertained ... ..	4	6	10
	—	—	—
	16	10	26
	—	—	—

These cases were disposed of as follows:—

	Males.	Females.	Total.
Admitted to Institutions ...	1	2	3
Placed under Guardianship. ...	—	—	—
Placed under Statutory Supervision ... ..	9	8	17
Action not yet taken ... ..	6	—	6
	—	—	—
	16	10	26
	—	—	—

GUARDIANSHIP.—Two cases remained under guardianship at the end of the year. These were visited regularly by one of the social workers and by a member of the County Medical Staff.



**DOMICILIARY SUPERVISION.**—Health Visitors in their capacity as mental welfare officers made regular routine visits to patients under Statutory and Voluntary Supervision. The number of visits so paid was 604.

**LICENCE CASES.**—Notification is received of all cases on licence from institutions. Regular visits were made to those patients by the mental health workers and their reports forwarded to the institution authorities.

**OCCUPATION CENTRES.**—Owing to unavoidable delays, it has not been possible to open the proposed centre in Boston. The main difficulties are connected with staff and suitable premises but every effort will continue to be made to establish the Centre. This service would be most valuable at a time when there is a national shortage of institutional beds and when the facilities for home training are so few.

### INSPECTION AND SUPERVISION OF FOOD.

**FOOD AND DRUGS ACT, 1938.**—The number of samples taken during the year showed a considerable decrease. This was due to the fact that the County Sanitary Officer and Sampling Officer, who was also Chief Laboratory Technician, was taken over by the Sheffield Regional Hospital Board as from 1st July, 1950, for whole-time laboratory work, and it was impossible to make any alternative arrangements. The position has been remedied in 1951 by the return of Mr. Fidling to the full-time employment of the County Council. He is now carrying out the duties of County Sanitary Officer, including the inspection and supervision of food under the Food and Drugs Act.

The following particulars have been taken from the quarterly reports of the County Analyst:

During the year ended 31st December, 1950, 101 samples, as specified below, were examined under the above Act:—

Nature of Sample.	Whether Formal or Informal Sample.	No.
Milk.	Formal.	22
Milk.	Informal.	73
Haslet.	Informal.	1
Potted Meat.	Informal.	1
Sausages.	Informal	4
	Total	101

Of this number, 8 (all milk), equivalent to 7.9% were reported as being either adulterated or below standard. In 1949, the percentage was 11.1.

MILK.—Of the 22 formal milk samples submitted, one (or 4.5%) was unsatisfactory. Of the informal samples, seven (or 9.6%) were unsatisfactory. Details of the unsatisfactory milks were as follows:—

Added water	...	...	...	...	6 cases.
Deficient in fat	...	...	...	...	2 cases.

The average composition of the 87 samples of milk reported as genuine was as follows:—

	Average 1950.	Minimum Standard.
Non-fatty solids	... 8.90%	8.50%
Milk fats ...	... 3.65%	3.0 %
Total solids	... 12.55%	11.50%

Court proceedings were instituted in respect of one milk specimen. The Court decided that water had been added and a fine of £2 was imposed.

Deficiencies in informal samples were followed up.

MISCELLANEOUS SAMPLES.—These were all reported as satisfactory.

LICENSED PASTEURISING ESTABLISHMENTS.—There was no change in the number of licensed pasteurising establishments in the County, namely, four.

Close supervision of these establishments is maintained and routine samples are taken weekly and the plant inspected.

Generally speaking, it may be said that the management of the pasteurising establishments show very good co-operation and welcome the advice of the County Sanitary Officer.

In one instance, the plant did not conform to requirements and it was necessary for the Council to issue a warning that covers, thermometers, and automatic recorders, must be provided.

This resulted in compliance with requirements.

MILK PRODUCTION.—Milk production is now in the hands of the Ministry of Agriculture and Fisheries and the following information has been kindly supplied by the County Agricultural Officer, Capt. J. C. Wallace, showing the position on 31st December, 1950:—

Licensed Accredited Producers	...	...	16
Licensed Tuberculin Tested Producers	...	...	12
Total number of registered Producers	...	...	236

Of the total of registered producers, it will be seen that 6.8 per cent. are accredited producers and 5.1 per cent tuberculin tested milk producers. New producers during 1950 numbered 8.

No designated producers were suspended or had their registrations cancelled during the year. Twenty-four undesignated producers ceased the production of milk for other reasons during the year under review.

**MILK IN SCHOOLS.**—Practically all the schools in the County receive milk under the milk in schools scheme. The percentage of non-designated milk so supplied is very small. Informal sampling and testing of milk supplied to schools has been carried out as time permitted and it is anticipated that, with the appointment of a full-time Sanitary Officer, the taking of many more samples will be possible.

**ARTIFICIAL CREAM.**—The Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, received the Royal Assent in October, 1950, and became operative on 1st January, 1951. Due notice was given in the local papers as to premises which are required to be registered and drawing attention to the Labelling of Food Order, 1950.

### **SANITARY CIRCUMSTANCES OF THE AREA.**

The general sanitary administration of the County was carried out by five District Councils:

#### **Urban Districts.**

District	Name of M.O.H.	Address
Boston (Borough and Port)	W. G. Smeaton, M.B., Ch.B., D.P.H.	8 Bridge Street, Boston.
Spalding	J. R. Munro, M.D., Ch.B.	15 High Street, Spalding.

#### **Rural Districts.**

Boston	W. G. Smeaton, M.B., Ch.B., D.P.H.	8 Bridge Street, Boston.
East Elloe	R. Miller, M.B., B.Ch., D.P.H.	Mattimore Hse., Holbeach.
Spalding	R. Miller, M.B., B.Ch., D.P.H.	The Crescent, Spalding.



HOUSING.

The following information has been supplied by the officials of the District Councils:

District	By Local Authority.		By private enterprise.	
	Completed during 1950	In progress 31/12/50	Completed during 1950	In progress 31/12/50
Boston Borough.				
Houses	72	53	17	10
Bungalows	—	—	2	1
Flats	—	80	—	—
Spalding Urban.				
Houses	20	75	6	12
Bungalows	—	—	2	—
Flats	5	—	—	—
Boston Rural.				
Houses	74	53	26	26
Bungalows	24	32	29	10
Flats	4	56	—	—
East Elloe Rural.				
Houses	54	72	17	16
Bungalows	—	12	11	14
Flats	—	—	—	—
Spalding Rural.				
Houses	114	110	38	23
Bungalows	6	—	21	8
Totals	373	543	169	120

In the four preceeding years, the number of houses completed under Authorities' schemes was as follows:—

	1946	1947	1948	1949
Boston Borough ... ..	Nil	13	61	32
Spalding Urban ... ..	Nil	81	47	47
Boston Rural ... ..	9	20	184	164
East Elloe Rural ... ..	Nil	12	119	129
Spalding Rural ... ..	56	23	93	130
Totals	65	149	504	502

The above figures do not include the temporary bungalows built by District Councils as follows: Boston Borough 102; East Elloe Rural 69; Spalding Urban 50; Spalding Rural 50.

## WATER SUPPLY.

The following particulars have been kindly furnished by the Water Engineers of the respective Councils:—

**BOSTON BOROUGH.**—The sources of supply are impounded water at Revesby, borehole water at Fordington, and supplies from the mains of the Boston Rural District Council.

The volume of water supplied during the year was as follows:—

From Revesby ... .. 225,991 thousands of gallons.

From Fordington ... .. 209,661 „ „ „

From Boston R.D.C. ... .. 5,711 „ „ „

The average per day was 1,209 thousands of gallons.

After allowing for water supplied in bulk to Horncastle Rural District Council, and domestic and meter supplies in the rural districts of Boston, Spilsby and Horncastle, within the Council's statutory area of supply, the average per day for the Borough of Boston was:—

Domestic supplies ... .. 777,000 gallons.

Trade and other meter supplies 270,000 gallons.

equivalent in total to 42 gallons per head per day.

No restrictions were placed on the public supply during the year, and there has been some improvement in water pressures.

Analyses of water drawn from the mains in various parts of the Borough have shown that, with a few minor exceptions, the water has been of satisfactory chemical and bacteriological quality. The policy has been to carry a small residual chlorine content in the town's mains, reduce "dead ends" to a minimum, and undertake regular flushing of mains.

Samples have also been taken during each month of the year at Revesby and Fordington of the raw water at each source and the treated water passing to supply, and on no occasion was an adverse report received in respect of the treated waters passing to supply.

Effective filtration and sterilisation is applied to the impounded water at Revesby. The only treatment at present applied to the bore-hole water at Fordington is by chlorination but it is hoped that the Ministry of Local Government and Planning will soon authorise the installation of iron removal plant at this source, and at some future date water softening plant. A duplicate booster plant and a diesel generator have been installed at the Revesby works.

Only a few houses in the Borough are without a piped water supply, and the proportion of houses supplied by standpipes and outside taps is relatively small.

2,718 yards of main extensions were laid during the year, and 1,968 yards of mains were renewed.

It is proposed to extend the mains to the Carlton Road and Fenside Corporation housing sites, and to a private estate off Wyberton Low Road. In addition, it is the Council's policy to continue to re-organise and modernise the distribution system in all districts. A storage tank is to be installed on the roof of the new grain silo at the Dock and high pressure water conveyed to the adjacent industrial areas.

**SPALDING URBAN.**—An uninterrupted supply of water was maintained throughout the year from the source at Bourne, not only to the Spalding Urban District but also to the Rural Districts of Boston and East Elloe which are supplied in bulk. The actual quantities supplied were as follows:—

	Average daily consumption in gallons.	Daily average per head.
Spalding Urban District ...	759,000	52.3
East Elloe Rural District ...	506,000	21.9
Boston Rural District ...	353,000	16.7

Adequate supplies available at Bourne to meet all estimated future requirements.

Chemical and bacteriological examinations were carried out at quarterly intervals both at the source and as delivered into supply. The results showed that the water was at all times of the very highest standard of chemical and bacteriological purity.

During the year, 94 new services were laid and connected and 1,606 yards of new distribution main were laid. At the end of the year 4,124 houses in the area had a piped supply of water. The number of houses supplied by standpipe is 143 whilst 14 houses have no public supply.

The population actually supplied is approximately 99 per cent. of the total population of the area.

**BOSTON RURAL.**—The source of supply is Bourne. During the year there have been extensions of the water mains amounting to 1,561 yards. A number of samples have been taken from the main supply at various points within the Rural district and sent for bacteriological or chemical analysis.

In every case, the result showed that no exception could be taken to the use of the water as a public supply. At the present time, the Council are awaiting the approval of the Ministry of Local Government and Planning for a water supply extension scheme to supply the growing needs of the area and 550,000 gallons per day to the Borough of Boston.



EAST ELLOE RURAL.—The water supply is from the artesian wells at Bourne. The certificates of analysis show that the water is pure and wholesome and in every way suitable for drinking purposes.

Total consumption for the year was 183,685,000 gallons, giving a daily average of 503,263 gallons. Mains water is available to 98.3 per cent. of the houses within the area.

The Ministry of Local Government and Planning have approved in principle a new scheme to augment supplies. This provides for a 500,000 gallon steel storage tank, a new pumping station and 5,870 yards of 12" diameter spun iron trunk main from Weston pumping station to Whaplode to duplicate the existing trunk main.

SPALDING RURAL.—To augment the supply from the old borehole at Deeping St. Nicholas, a new and adjacent borehole supply was brought into use. Additional pumping plant of increased output was installed in the new pumping station. To ensure the system of water supply better against failure, distribution mains, attached to each source of supply were linked up by the laying of inter-connecting mains. Mostly in the Southern half of the area, new distribution mains were laid to a total of about 25 miles. It is anticipated that a considerable amount of main laying will be undertaken in the near future in the Northern and Western parts of the area. A further development during 1950 was the building of a 100,000 gallon capacity water tower near Crowland; this tower only requires an asphalt lining to be complete.

Trouble was experienced with the water supplied to the Northern half of the area due to the presence of an excess of iron. Investigation has indicated that the cause was the existence of sulphur bacteria in the water leaving the bore which re-acted with the iron in the pipes. Effective treatment was found to be possible through dosage with an appropriate strength of chlorine and by partial aeration. Plans have been drawn up for including large scale treatment plant in the new pumping station which is now being designed for this main supply.

A policy of converting farm supplies to meter control has been followed and 150 meters were installed during 1950. At the present time, there are about 400 metered supplies.

## SEWERAGE.

BOSTON BOROUGH.—The following work was completed during the year:—

- (a) Tollfield Road sewerage scheme
- (b) Sewerage extension on Wyberton Low Road.

Sewers on the Brothertoft Road housing site were commenced.

SPALDING URBAN.—750 yards of C.I. sewer provided to service approximately 120 houses for future development on St. Paul's Estate.

There were drainage conversions in respect of 11 houses.

BOSTON RURAL.—Sewage disposal works constructed and put into operation at Hall Lane, Benington.

EAST ELLOE RURAL.—No works or main sewerage were carried out during the year. Schemes for sewerage in the urban parts of Holbeach, Long Sutton, and Sutton Bridge, have been under consideration by the Ministry for a long time.

SPALDING RURAL.—During the year one housing estate at Surfleet was provided with a modern sewerage system.

### TUBERCULOSIS.

The County Council no longer deals with institutional or dispensary treatment. This is the responsibility of the Regional Hospital Board. The Board's Chest Physician commenced duty in January, 1951. The County Council still has a responsibility for after-care including the tracing of contacts.

For the period from April to December, 1950, 44 patients (18 men, 25 women and 1 child) were admitted to the Chest Unit of the Boston Isolation Hospital. 23 cases of non-pulmonary tuberculosis (8 men, 11 women, and 4 children) were admitted to the London Road Hospital, Boston.

Of the contacts first examined at the three Centres during the year the position was as follows:—

	Boston.	Holbeach.	Spalding.
Diagnosed as tuberculous ...	7	11	3
Not tuberculous ...	60	7	7
Not determined on 31/12/50	69	31	34

In 1950, 50 cases of pulmonary tuberculosis and 9 cases of non-pulmonary tuberculosis were notified. In addition, 12 cases of pulmonary and 6 of non-pulmonary tuberculosis came to the notice of the Medical Officer of Health otherwise than by formal notification.

The number of deaths from pulmonary tuberculosis was 20 compared with 26 in 1949, and from non-pulmonary tuberculosis, 8 compared with 7 in the previous year. The death-rates were 0.20 for pulmonary and 0.08 for non-pulmonary tuberculosis for 1,000 of the population. The death rate for all forms of tuberculosis was 0.27. The comparative rate for England and Wales for all forms of tuberculosis was 0.36 per 1,000 population.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Part I.—Summary of Notifications during the period 1st Jan., 1950, to the 31st Dec., 1950 in the area of the County of Lincolnshire (Holland).

AGE PERIODS	Formal Notifications												
	Number of Primary Notifications of new cases of tuberculosis												
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	Over 65	Total	
Pulmonary— Males Females	— —	2 2	— —	2 2	5 4	2 3	6 6	1 2	2 3	4 3	1 —	25 25	
Non-Pulmonary Males Females	— —	— 1	— 2	2 —	— 2	— 1	— —	— 1	— —	— —	— —	2 7	

Part II.—Supplemental Return.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above mentioned period, otherwise than by formal notification.

Pulmonary— Males Females	— —	— —	— —	— —	— —	1 1	4 5	1 —	— —	— —	— —	6 6	
Non-Pulmonary— Males Females	— 1	1 —	— —	— —	— —	— —	— 2	— 1	— —	— 1	— —	1 5	



The following table shows since 1941 the new cases of tuberculosis notified each year in the administrative County together with the case-rate per 1,000 of the population.

Year.	Notifications.			Case-rate per 1,000 of the population.		
	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).
1941	41	27	68	0.43	0.29	0.71
1942	65	33	98	0.68	0.35	1.03
1943	52	26	78	0.56	0.28	0.84
1944	69	20	84	0.75	0.22	0.91
1945	73	30	103	0.79	0.32	1.11
1946	60	22	82	0.62	0.23	0.85
1947	48	16	64	0.49	0.16	0.65
1948	74	13	87	0.74	0.13	0.87
1949	55	14	69	0.55	0.14	0.68
1950	50	9	59	0.49	0.09	0.58

The table which follows shows the number of deaths registered and the death rates recorded during the years 1941 to 1950 in the administrative County.

Year.	Deaths.			Death rate per 1,000 of the population.		
	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).
1941	27	8	35	0.28	0.07	0.35
1942	28	13	41	0.30	0.14	0.44
1943	23	6	29	0.25	0.07	0.33
1944	24	15	39	0.27	0.16	0.45
1945	33	13	46	0.36	0.14	0.56
1946	21	11	33	0.22	0.11	0.34
1947	36	7	43	0.36	0.07	0.44
1948	25	10	35	0.25	0.10	0.35
1949	26	7	33	0.25	0.07	0.30
1950	20	8	28	0.20	0.08	0.27

## WELFARE SERVICES.

Section 29 of the National Assistance Act gave local authorities the power to make schemes for promoting the welfare of persons who are blind, deaf or dumb, and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister. Subsequently by direction of the Minister of Health it was made a duty of the Local Authority to promote the welfare of blind and partially-sighted persons. This work was delegated by the County Council to the County Welfare Committee and the County Welfare Officer is responsible for administering the arrangements.

On 31st March, 1951, there were 164 registered blind persons, a decrease of 8 during the year. The following table shows the age groups of blind persons:—

				Ages at which Blindness occurred.			
Age				Age			
Period.	Males.	Females.	Total.	Period.	Males.	Females.	Total.
0—1	—	1	1	0—1	10	10	20
1—5	—	—	—	1—5	3	3	6
5—16	—	1	1	5—10	—	1	1
16—21	3	1	4	10—20	2	3	5
21—40	12	7	19	20—30	5	4	9
40—50	4	7	11	30—40	6	4	10
50—65	16	10	26	40—50	7	9	16
65—70	12	13	25	50—60	11	10	20
Over 70	25	52	77	60—70	10	12	22
				Over 70	19	36	55
	—	—	—		—	—	—
Totals	72	92	164	Totals	72	92	164
	—	—	—		—	—	—

There are 3 children at Special Schools for the Blind. There are 10 registered home workers. The Secretary and Home Teacher paid 3,920 home visits.

The Home at Boston for blind women which belongs to the Society has accommodation for 16 residents, and was fully occupied during the year.

## PUBLICITY AND PROPAGANDA.

The Publicity Officer for Health Services reports:—

Publicity and propaganda in connection with the health services administered by the Local Health Authority have been developed considerably.

In view of the comparatively small number of infants being vaccinated against smallpox, publicity was concentrated on the desirability of infant vaccination. All Health Visitors were supplied with leaflets and requested to draw mothers' attention to the existing facilities for vaccination. Arrangements were made for vaccination sessions at Welfare Centres. Three projector slides were prepared and arrangements made with cinema managers for these to be shown in cinemas throughout the County. It is impossible to point to one particular medium and say: "The increase in vaccination is due to this," but it is possible and correct to say that the increase in vaccinations is due to the publicity concentrated on this subject. Reference to the figures on page 40 gives some indication of the increased vaccinations obtained.

Periodic visits to Infant Welfare Centres for the purpose of giving information on the Local Health Services were continued and this means of publicity appears to be much appreciated.

Outside publicity was again mainly confined to the E.M.B. frames in Boston and Spalding and sectional posters displayed dealt with Influenza, and the Clean Food Campaign. In addition, the two 16-sheet poster sites in Boston rented by the County Council were used to display posters calling public attention to Cleanliness, Diphtheria, Vaccination, Dental Care, Breast Feeding, Whooping Cough, Exercise, and Clean Food. These sites were headed with streamer bills—"Holland County Council Health News."

From the modest beginning of health education in local industry in 1949 continued efforts were made this year, and the sets of posters dealing with the common cold, which it is estimated is responsible for the loss of 40,000,000 man-days to British Industry every year, were again displayed.

Background Notes on the benefits obtainable through the National Insurance have been added to during the year, and issued to all Health Visitors. Their usefulness was so apparent that complete sets were obtained and issued to all District Home Nurses. The Health Visitor and Home Nurse in a rural area is evidently expected to be more than the trained nurse she is, and she is helped considerably with this information on National Insurance benefits.



The Exhibition Stand was used throughout the year at Welfare Centres and whenever possible at public places, usually on business premises, where it was felt a wider public could be reached with the health education propaganda. This was a further instance of the co-operation of industry in health education.

The County of Holland Clean Food Campaign made considerable progress. The Publicity Officer attended some of the meetings arranged by the Boston Rural District Council to meet food handling traders in six areas. Later he organised publicity in connection with, and attended, the Boston Rural District Council's Clean Food Exhibitions. These were held in five villages, Freiston, Wrangle, Kirton, Bicker, and Swineshead. About 1,700 people attended and films were shown by the C.O.I. film unit. The local Press gave valuable support. Later, the Publicity Officer wrote articles on the exhibitions for "The Municipal Journal" and "The Medical Officer." The Borough of Boston also held a Clean Food Exhibition and again the Publicity Officer arranged the publicity and generally assisted in the planning and organisation. About 1,500 people attended the exhibition which was opened by Dr. Robert Sutherland, Medical Adviser and Secretary to the Central Council of Health Education. At all these exhibitions organised parties of senior school children attended. Again the Press gave valuable support.

In accordance with the Health Committee's instruction, the Publicity Officer attended the Conference on Food and Drink Infections in London in September and also had the opportunity of visiting the British Food Fair, of contacting the Lambeth Clean Food Association, and inspecting the storage and preparation and packing of foodstuffs departments of one of the largest catering firms in London. The knowledge thus gained helps considerably in the work of publicity and organisation in our own Clean Food Campaign.

The acquisition of a Newton F.S. 2/1000 filmstrip projector and three filmstrips on food hygiene, prepared by the Central Council for Health Education, later in the year, provided the means of illustrated lectures to voluntary bodies, senior school children, and the food handling trade.

A comprehensive catalogue of available publicity material has been compiled. Such material includes leaflets, booklets, posters, exhibition material, films and filmstrips, obtainable from various organisations. The aim is to build up a comprehensive information service on all aspects of health education.

A full page advertisement was again taken in the Boston United Football Club Year Book. This year the space was used for publicising the desirability of infant vaccination.

Filmstrips illustrating talks given at Welfare Centres included " Burns and Scalds " and " Clean Milk."

Full use was made of the display sets received on loan from the Ministry of Health. These were circulated through the Infant Welfare Centres throughout the year.

At the request of the Chief Regional Officer of the Central Office of Information, assistance was given in the distribution of leaflets and display of posters compiled by the Economic Information Unit of the Treasury.

The Ministry of Food were also assisted in bringing the advantages to be gained from the regular use of the Welfare Foods Scheme to the notice of the public. The Boston Day Nursery grounds were used in connection with the Ministry's Photographic Campaign, and babies who regularly attend the Boston Infant Welfare Centre and take the Welfare Foods were photographed. A similar meeting was also arranged at the Spalding Infant Welfare Centre and babies from that area were photographed. The Press gave good write-ups.

It will be seen from the above that the avenues of publicity and propaganda are many and varied. Health Education is a vital part of the department's work. By means of gradual progress much useful work can and is being done.







